DOCUMENT RESUME

ED 099 243 SE 018 610

TITLE	Situation Report--Ghana, Guyana, India, Japan, Kenya, Khmer Republic, Nepal, Niger, Republic of Vietnam, Senegal, Thailand, and Trinidad and Tobago.
INSTITUTION	International Planned Parenthood Federation, London (England).
PUB DATE	74
NOTE	90p.
EDRS PRICE	MF-$0.75 HC-$4.20 PLUS POSTAGE
DESCRIPTORS	Contraception; Demography; *Family Planning; *Foreign Countries; *Population Trends; Programs; Resource Materials; Social Welfare; *Statistical Data

ABSTRACT

Data relating to population and family planning in twelve foreign countries are presented in these situation reports. Countries included are Ghana, Guyana, India, Japan, Kenya, Khmer Republic, Nepal, Niger, Republic of Vietnam, Senegal, Thailand, and Trinidad and Tobago. Information is provided under two topics, general background and family planning situation, where appropriate and if it is available. General background covers ethnic groups, language, religion, economy, communication/education, medical/social welfare, and statistics on population, birth, and death rates. Family planning situation considers family planning associations and personnel; government attitudes; legislation; family planning services; education/information; training opportunities for individuals, families, and medical personnel; research and evaluation; program plans; government programs; and related supporting organizations. Bibliographic sources are given. (DT)

Situation Report

Distribution *

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Country GHANA

Date JUNE 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

ED 099243

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		238,537 sq. kms.
Total Population	6,727,000	9,087,000 (1972)[1]
Population Growth Rate		2.9% (1963-72)[1]
Birth Rate		46.6 per 1,000 (1965-70)[1]
Death Rate	23 per 1,000	17.8 per 1,000 (1965-70)[1]
Infant Mortality Rate		156 per 1,000 (1965-70)[1]
Women in Fertile Age Group (15-44 yrs)	1,465,076[1].	2 million
Population Under 15		45%[2].
Urban Population	23%	30% (1969)[3]
GNP Per Capita		US$250 (1971)[4]
GNP Per Capita Growth Rate		-2.1% (1965-71)[4]
Population Per Doctor		12,392 (1971)[5]
Population Per Hospital Bed		779 (1971)[5]

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1. UN Demographic Yearbook 1972.
2. 1973 World Population Data Sheet, Population Reference Bureau, Inc.
3. Local estimate.
4. World Bank Atlas 1972.
5. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The Republic of Ghana lies almost in the centre of the countries along the Gulf of Guinea. To the east of Ghana lies Togo; to the west is Ivory Coast, and the north the Republic of Upper Volta.

Ghana became an independent state in 1957, incorporating the former colony of the Gold Coast and Togoland under British Trusteeship. On 1st July 1960, Ghana became a sovereign unitary Republic within the Commonwealth. The period of rule under President Kwame Nkrumah was followed by a series of changes in the political leadership. The Constitution promulgated in 1969 was abolished in January 1972, following an Army coup d'etat, after which the National Redemption Council was formed with Col. Ignatius Kutu Acheampong as Chairman.

Ghana has a population of 8,559,313 - a figure based on the 1970 Population Census. This shows an increase of about 27% over the 1960 census figure. The pattern of population distribution is uneven. Densities are highest (sometimes over 400 per square mile) in the north-eastern and north-western frontier districts and to the south and east. Densities are lowest in the south-western frontier areas and in the middle of the country in a belt extending from the western frontier up to the Togo border.

The southern part of the country contains the majority of the population, and is generally more developed. Population density is c.90 per square mile.

Accra with a population of 633,880 is the seat of government.

Ethnic Groups

There are about 75 different ethnic groups in Ghana. The largest are the Akan, Mole - Dagbani, Ewe and Ga - Adangbe.

Language

English is the official language. Of the Ghanaian languages, Akan is most widely spoken in Ashanti and in the eastern, central and western regions. The other main languages are Ga (Accra plains) Ewe (Volta), Nzima (West Takoradi), Dagbani, Hausa and Moshie in the North. In all, there are about 75 different languages and dialects.

Religion

The main religious groups are Christians, (43%), Moslems (c.12%) and animists. There is a Christian Council comprising nearly all the Protestant Churches in the country.

Economy

Agriculture has been the mainstay of Ghana's economy, and is likely to remain so for many years to come. Cocoa, Ghana's principal export, is the backbone of the economy in terms of output, income and employment. Apart from cocoa, timber is the next important foreign exchange earner, followed by minerals.

Agricultural incentives are given by the Government. The country is trying to develop its fisheries as a source of food. Electric power comes from the Volta River dam, which began generating power in 1966. By 1968 the Volta River Authority was able to meet almost all the country's demands.

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Limestone is expected to prove a major mineral asset. Negotiations are in progress to establish a US$24 million clinker industry at Nauli, based on the limestone deposits.

It is estimated that about 61% of the population is engaged in agricultural pursuits, and about 31% in services.

Communications/Education

Newspapers	80 copies per 1,000
Cinema	2 seats per 1,000
Radio	7 sets per 1,000
TV	3 sets per 1,000

The road system is good by tropical African standards.

Schools		Pupils	
Primary	7,000	Pupils	950,000
Secondary	125	Pupils	55,000
University	3	Students	5,000

Education is compulsory between the ages of 6 and 16, and an estimated 30% of Ghana's adult population were literate in 1969. In major towns literacy is probably over 50%.

Medical

The Ghana Medical School's first group of 40 physicians graduated in 1969. Nursing Schools produce about 130 State Registered Nurses per year. In 1961 there were over 6,000 hospital beds in 42 government hospitals, with another 4,000 or so operated by missions, mining companies and private practitioners. There are about 700 physicians, the majority of whom are on the staff of the Ministry of Health. The number of nurses and midwives, is about 7,000 and 3,000 respectively. The Ministry of Health employs 3,500 nurses, and 550 midwives.

Life expectancy at birth is estimated as 54.1 for males and 57.7 for females.

FAMILY PLANNING SITUATION

Family planning services are provided from three main sources; the Government, the Planned Parenthood Association, and the Christian Council of Ghana. Government policy to implement a family planning programme was launched in 1970; the PPAG, formed in 1967, now works within the national programme. The Christian Council offers family planning service at 7 centres. Both PPAG and the Government have adopted the red triangle symbol. By mid-1973 some 160 family planning clinics were in full operation throughout the country, 85 run by the Ministry of Health and 26 by PPAG and the Christian Council, and 49 run by other bodies (Mission Hospitals and others).

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History

A Family Planning Committee was formed in 1960, and the Christian Council of Ghana started a Family Planning Advice Centre on the premises of the Y.W.C.A. in Accra in 1961. The initiative for the formation of a family planning association came from a group of doctors attending the IPPF Copenhagen Conference in 1966, and the PPAG was established the following year. The Association became a member of IPPF in 1968.

The Government of Ghana was the first West African country to adopt a population policy. The policy was officially launched in May 1970.

The first African Regional Population Conference was held in Accra in December 1971. The Conference was sponsored jointly by the Economic Commission for Africa and the International Union for the Scientific Study of Population, in co-operation with IPPF. About 300 participants attended representing 36 African countries, 10 other countries and 23 international organisations and non-governmental agencies. The conference was officially opened by the then Prime Minister, Dr. K A Busia, and took place in the State House at the invitation of the Ghana Government.

A Regional Institute for Population Studies has been established in Accra and became operative in 1972. The Institute has been set up as a result of an agreement between the United Nations and the Government of Ghana.

Legislation

There is no law against family planning provided by a qualified medical practitioner.

FAMILY PLANNING ASSOCIATION

Address

Planned Parenthood Association of Ghana,
P.O.Box 5756,
Accra,
Ghana.

Cables: PPAGHANA, Accra

Officials

President:	Mr. E Y S Engmann
Vice-President:	Rev. A E Bannerman
Executive Secretary:	Mr. E K Okoh
General Advisor:	Dr. M A Barnor
Senior Co-ordinator:	Mrs. G D Azu
Information and Education Officer:	Mr. Ernest V Kwansa
Fieldwork Organiser:	Mrs. Rosina Konuah

Services

By the end of 1973 the Association was operating 19 clinics. Among the 10,373 new acceptors, spermicidal agents were almost as popular as the oral pill. The IUD was less popular partly as a result of adverse rumours about its effects despite PPAG attempts to counteract the rumours.

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During the year 1972/73, out of a registered total of 32,063 new acceptors for the whole Ghana programme, 39% were accounted for by the PPAG and Christian Council clinics.

Information and Education

In 1972, 1,115 lectures and meetings were conducted by the Regional Co-ordinators, assisted by the fieldworkers, the target groups being women's organisations, students, church groups and industrial workers. 437 film shows were also given in both urban and rural areas. Twelve radio and six television 'spots' were produced, and 14,710 leaflets, motivational and instructional were distributed. Activities have been particularly directed towards rural areas and industrial and commercial concerns.

In 1974, new motivational and instructional materials will be produced, including a series of slides for public showings, and emphasis will be laid on community orientated programmes for out-of-school youth.

Close liaison is maintained between the information and education officer, the regional co-ordinators, the information and education division of the National Family Planning Secretariat, and other participating agencies.

The PPAG plans to interest the ILO and the Ghana Trade Union Congress to hold a conference in 1975 on the subject of "Health, Labour and Family Planning", participants to be drawn from the TUC, factory and other workers, and the Employers' Federation; the aim of the conference will be to involve both sides of industry in the provision of family planning services.

PPAG makes a major contribution to the National Programme through the activities of its fieldworkers, who direct potential acceptors to the nearest clinic, whether government or PPAG. The fieldwork programme continues to expand; in mid-1973, there were 86 fieldworkers, and in 1975 the Association will appoint five fieldwork supervisors to be posted to each of the five branch associations. Over 15,000 home visits were carried out by the fieldworkers in the first half of 1973; there have been 144 film shows, 500 lecture meetings, and over 4,000 leaflets and pamphlets have been distributed. During 1974, twenty-four fieldworkers will be recruited, bringing the total to 120. No more will be recruited for the next two to three years, and it is hoped to carry out an evaluation of fieldwork programme in 1975/76.

During 1971 PPAG took the initiative in the field of sex and family life education by appointing a committee to study the subject and a report has been submitted to the Government, through the National Programme Secretariat.

PPAG holds an annual Family Planning Week; in 1973 this took place in August.

Training

Seventy personnel participated in the five training courses organised by the PPAG during 1972. Participants at the training course for fieldworkers included trainees from the PPAG, as well as from the CCG, the Ghana Medical School (Danfa Project), and three trainees from the FPA of the Gambia. Refresher courses were given to PPAG midwives and fieldworkers, and the PPAG ran a training course for accountants, clerks and storekeepers. In 1973, a four-week course was held for thirty-two new fieldworkers, and a three-day refresher course for fieldworkers. The PPAG has recruited twelve clinic assistants, and a one-week training programme was arranged for them. In 1974, courses will be held for thirty PPAG fieldworkers, and twelve CCG and other fieldworkers. Refresher courses will be held for fieldworkers and midwives. Selected newly appointed midwives will attend the course organised by the National Family Planning Programme, thus qualifying them to organise and operate family planning clinics under minimum medical supervision.

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Fund-raising

The PPAG carried out a successful fund raising campaign in August 1972. Activities included a national raffle, dances, football matches and a jumble sale; the sum raised was just over $5,800, only $200 short of the target. Similar activities were repeated in 1973 and continue in 1974.

GOVERNMENT

The Government decided to adopt a population policy in 1969. This decision was ratified by the new civilian government and the National Family Planning Programme was officially launched under the Directorship of Dr. A A Ammar. The Prime Minister formally inaugurated the National Family Planning Council in March 1971. In April 1971, the Prime Minister created an Economic Planning Secretariat, which took over responsibility for a number of areas formerly dealt with by the Ministry of Finance and Economic Planning, including implementation of the National Family Programme.

The policies of the National Programme, planned and co-ordinated by the National Family Planning Secretariat aim at reducing fertility, morbidity and mortality, and controlling internal imigration to avoid over-urbanisation. Agencies such as the Ministry of Health, the Information Services Department, the Christian Council of Ghana, the Planned Parenthood Association of Ghana and the Ghana National Trading Corporation are responsible for operational aspects of the programme. The long-term goal of the NFPP is to reduce the rate of population growth from 2.9% to c.1.75% by 2000.

Address

National Family Planning Programme,
Development Planning Secretariat,
P.O.Box M.76,
Accra, Ghana.

Services

The main effort of the Government programme is directed towards enhancing the capacity of the participating agencies to assume their operational responsibilities. The NFPP delivers three family planning systems:

MCH based family planning clinics which are run mainly by the Ministry of Health Institutions and by some private and mission hospitals.

Clinics providing family planning services only which are run by the PPAG and the Christian Council.

The distribution of non-prescription contraceptives through commercial outlets with the Ghana National Trading Company as the main distributor.

During the year 1972/73 the number of clinics increased from 135 to 160. They were distributed among the participating agencies as follows:

	71/72	72/73
Ministry of Health	70	85
PPAG	18	19
CCG	4	7
Other (Mission, private ,Danfa)	43	49
	135	160

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New acceptors totalled 32,000, an increase of 28% over the previous year. They were distributed among the participating agencies as follows:

	Number	% of Total
Ministry of Health	16,669	52
PPAG	10,373	32
CCG	2,301	7
Other	2,720	9

The pill was the most popular form of contraception: the IUD has been on the decline, possibly because of the rumours of adverse side effects which have not been properly countered. Acceptor figures for the IUD and the pill were as follows in 1972/73:

	IUD	PILL
Ministry of Health	1,763	10,373
PPAG	723	5,475
CCG	149	925
Other	328	1,329

The distribution of non-prescription contraceptives enjoyed moderate progress: 4,371 gross of condoms (packets of 3) and 1,805 cartons of emko aerosol foam (36 cans per carton) were distributed.

Information/Education

Responsibility for the Information and Education programmes as shared by the Government (NFPP and Government Information Service) and the PPAG. These activities were highlighted during the Family Planning Week, an annual event, which was held in May of last year. Symposia, film shows and talks were organised in all the regions on the rationale for family planning and the activities of the NFPP.

The Family Planning Week was launched over national radio and television and, at regional level, by the Regional Commissioners or their representative. Two seminars were organised for the Press, and for senior members of mass media organisations.

Officers of the Extension Services Division of the Ministry of Agriculture were given talks on the NFPP's activities, and shown how they could contribute to the family planning programme within their day-to-day activities.

Seminars and courses on family planning were held for officers of the Department of Social Welfare and Community Development, the Information Services Department, the Ministry of Education and the Ministry of Health (Community Nurses and Nutrition Officers).

As part of the World Population Year activities, an essay competition is being organised for 6th form students from all over the country.

Sixty-six full time fieldworkers were recruited, trained and attached to the Department of Social Welfare and Community Development. They have increased the number of home-visits and motivational talks; in fact their activities have led to increasing demands for new clinics in the rural areas of most regions.

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Training

The Government now has training programmes for Family Planning Nurses. The course lasts 8 weeks, during which time participants are expected to perform at least 20 IUD insertions, and 50 pelvic examinations. Graduates of this course are accepted by the Government as qualified to operate clinics independently, and to provide all family planning services, including IUD insertions under medical supervision. During 1973, 30 family planning nurses graduated from this course. In addition 17 midwives were trained as family planning auxilliaries; they are not qualified to insert IUDs.

As part of its programme to train trainers NFPP sent 9 people from the participating agencies of the NFPP to the Chicago Communications Workshop on family planning.

A four-week Population Management Training Course for 15 personnel drawn from all participating agencies of the NFPP has recently been opened.

Research/Evaluation

An assessment of the NFPP's performance is done through the client record system in the clinics. The resulting Monthly Report on Family Planning Acceptors in widely distributed.

Research projects in progress are as follows:

Survey of commercial distribution of non-prescription contraceptives and the performance of the Ghana National Trading Company.

Survey on the success of posters for advertising NFPP's contraceptives.

Survey of traditional and modern mass media for communicating family planning in selected Ghanaian communities.

Plans

In 1974, the NFPP plans to increase the number of clinics offering the full range of services provided by the NFPP to 200. Commercial outlets are to be expanded and day clinics are to be established at district and village level using family planning teams in order to bring services closer to clients. In addition traditional birth attendants are to be recruited and trained to provide health and family planning services at village level.

NFPP will continue to operate the three family planning delivery systems with more emphasis on the development of MCH services. To this end the Secretariat has initiated discussions with UNFPA and WHO for possible technical assistance.

In the future NFPP want to recruit and train 99 part-time and 100 full-time fieldworkers per year. Previously the Government programme did not train any fieldworkers.

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OTHER ORGANISATIONS

The Christian Council of Ghana provides family planning services at 7 centres in Accra Tema, Kumasi and Ho. (The clinic at Takoradi was closed in September 1970).

The CCG has a fieldwork force of twenty-four, a 50% increase on 1972; its fieldworkers have additional training in the principles of Christian marriage and family life.

Christian Council of Ghana,
Committee on Christian Marriage and Family Life,
P.O.Box 919,
Accra.

Secretary: Mr. David Dartey

In May 1973, the International Labour Organisation held a seminar in Ghana on 'Population and Family Planning'.

WAY and Ghana National Youth Council organised 16 seminars involving about 900 young people from secondary schools, and training colleges, young workers from various departments and rural youth leaders. Seminars emphasised the dynamics of population growth and its relation to the social and economic development of country and need for responsible parenthood and sex education.

The Directorate of Population Dynamics Programme, at the University of Legon has assisted in the NFPP with their Work Programming and firm operational relations have been established.

An increasing interest in the NFPP has been shown by other University Departments.

Danfa Rural Health and Family Planning Project

This is a comprehensive rural health and family planning project, initiated by the Department of Preventive and Social Medicine of the Ghana Medical School, which incorporates teaching, research and a service programme. The project has established a health centre which includes family planning as a normal part of the overall health service. Its objectives include the expansion of services to outlying rural areas, and finding the best way of providing a satisfactory family health service at the smallest possible cost. The project activities include:

- A comprehensive health service - preventive and curative services for all members of the family with emphasis on MCH
- A nutrition programme
- Health education

The project is supported by a number of departments and faculties within the University of Ghana by various government departments and by some overseas organisations including IPPF, WHO, UNICEF, USAID and the University of California, Los Angeles.

Assistance

International Planned Parenthood Federation

The IPPF fully supported the activities of the PPAG and also partly those of the Christian Council of Ghana.

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USAID - gives support for a variety of activities related to family planning, including several fellowships for training in the United States, and finance for the Demographic Unit's sample survey. A recent bilateral agreement was signed with the Ghana Government for the provision of contraceptives and medical supplies.

The Government has a commodity agreement with USAID for the provision of contraceptives and medical supplies on a bilateral basis for the National Programme. This agreement replaced a provisional arrangement whereby IPPF initially provided supplies to the Ghana Government.

United Nations Fund for Population Activities - the UNFPA also sponsored some training awards for personnel of the Programme.

Canadian International Development Agency (CIDA) - CIDA continues to support the operations of the materials production unit by supplying films and other photographic accessories that are not available on the Ghanaian market. It also completed and submitted to the Government a documentary film "Family Planning in Ghana" to aid family planning information and education in Ghana. CIDA is making several copies of the film, which has won international acclaim, for use in the cinema houses of Ghana.

British Overseas Development Administration (BODA)

BODA has supplied some of the clinical equipment needed by the Programme. It has in addition agreed to make available to the Programme the services of two experts in graphic arts and equipment to help develop further the Materials Production Unit. The discussions on the aid have reached an advanced stage and the experts are scheduled to arrive in 1974.

Population Council

The Population Council supported post-partum programmes at Korle Bu, Effia Nkwanta and Komfo Anokye hospitals and also organised a West African Post-partum and Family Planning Seminar in Nigeria to which Ghanaian Obstetrician/ Gynaecologists and nurses were sponsored to participate.

Ford Foundation

The Foundation provided resident advisers and short term consultants. The last adviser left Ghana in December 1972. The Foundation also provided fellowships for participation in international conferences, seminars and workships and has expressed willingness to consider approaches by the Programme for support in appropriate areas.

SOURCES

Africa Contemporary Record 1972-73

Africa South of the Sahara 1974

NFPP Annual Report

Much of the information contained in this Report was kindly provided by the PPAG.

Situation Report

Distribution *

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Country GUYANA

Date JUNE 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			214,969 sq. kms.
Total Population	406,005	560,330	714,000 (1970)
Population Growth Rate		3.0% (1958-61)	3.0% (1963-70)
Birth Rate	42.9 (1950-54)	42.9	6.8 per 1,000 (1970)
Death Rate	13.4 (1950-54)	8.9	6.8 per 1,000 (1970)
Infant Mortality Rate	79.2	61.2	34.8 per 1,000 (1971)
Women in Fertile Age Group (15-44 yrs)	87,745	109,374	154,611 (1969)
Population Under 15	40.0%	46.0	45%[1].
Urban Population		15.5%	29.5% (1970)
GNP Per Capita			US$390
GNP Per Capita Growth Rate			1.9% (1960-71)[2].
Population Per Doctor			4,311 (1970)[3].
Population Per Hospital Bed			225(1970)[3].

Unless otherwise stated the source for the table is the United Nations Demographic Yearbook 1972.

1. 1973 World Population Data Sheet - Population Reference Bureau Inc.
2. World Bank Atlas, published by the International Bank for Reconstruction and Development, 1973.
3. United Nations Statistical Yearbook, 1972.

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GENERAL BACKGROUND

Guyana is located on the north coast of South America. Formerly the colony of British Guiana, it gained its independence in 1966 and became a republic in 1970. About 94% of its highly heterogeneous population lives in the coastal strip. The interior is mainly inhabited by the Amerindians who number about 30,000. The Government is seeking to raise the general standard of living of the Amerindians and to integrate them into the national community.

Guyana faces many problems of social and economic development compounded by a high rate of population growth. At its present growth rate the population will double within 24 years. In 1969 about 2/3 of the population were receiving some type of food relief. Unemployment is also a serious problem: in 1965 about 21% of the total labour force were unemployed. The Government's Development Programme, 1966-72, aimed to develop resources, raise productivity, and expand labour opportunities.

Ethnic

In 1970 approximately 50% of the population were of East Indian origin, 30% African, 11% of mixed origin, 4% Amerindian, and small groups of Chinese, Portuguese, and other Europeans.

Language

English is the official, commercial and most widely used language. Hindi, Urdu, Amerindian languages, and a local patois are also spoken.

Religion

The largest religious groups are the Hindus, Anglicans, Roman Catholics and Muslims.

Economy

The economy is based on agriculture, chiefly sugar and rice. There are valuable mineral and forestry resources, and bauxite, alumina and some timber are exported, but transport facilities are limiting. Guyana is a founder member of the Caribbean Free Trade Area (CARIFTA).

Communication/Education

The coastal strip has a good road system and a small railway network. Communication with the interior is mainly by river and by air.

Two daily newspapers and 14 other journals are published. There are two radio broadcasting services and in 1970 there were 105 radio receivers per 1000 people.

Although general literacy rate is 80 to 85% there is a shortage of facilities and skilled staff. Education is free from five to sixteen years and compulsory from six to fourteen years. Recently emphasis has been given to the development of home economics courses at secondary level, to broaden the practical scope of the curriculum. There is one university.

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AVAILABLE

General health care and environmental sanitation have been improved, bringing about a rapid decline in the general and infant mortality rates. The Minister of Health has overall responsibility for public health services which are provided through health centres and hospitals. A National Insurance scheme, compulsory for most workers and employers, was established in 1969.

FAMILY PLANNING SITUATION

A private Family Planning Association was established in March 1974. Until that time there had been no organized family planning activities in Guyana. However, some services were available at clinics organized on the initiative of private physicians and nurses or were provided by medical practitioners as part of their private practice. Contraceptives have also been provided to women at post-natal clinics in two of the three major hospitals, and plans are in hand for extension to the third hospital.

FAMILY PLANNING ASSOCIATION

After the International Alliance of Women Conference on "The Demographic Implications of Women's Participation in Society" in 1972, several interested bodies, such as the Women's League and Youth Clubs, came together and elected a Steering Committee to establish a Family Planning Association. This was finally accomplished in March 1974, with the inauguration of "The Responsible Parenthood Association of Guyana".

The Association is expecting to work closely with the Ministry of Health in the design of a family planning component within a broader maternal and child health programme to be submitted to the UNFPA for funding. It is also planning on information and education programme and an approach to young people. A $9,800 grant for 1974 has been provided by the IPPF.

Officials

Chairwoman: Mrs. O Byrne

Address

Responsible Parenthood Association of Guyana,
c/o Mrs. O Byrne,
284 Forshaw St.,
Queenstown,
Georgetown,
Guyana.

GOVERNMENT

In the 1966-72 Development Programme, plans for the reorganization of the health service made a reference to family planning. The newly organized health centres were to carry out a wide range of activities including: "facilities for maternal and child welfare work, including midwifery, public health nursing, environmental sanitation, control of contagious diseases, health education, family planning and the treatment of minor surgical conditions".

In fact, the Government did not materialize all the projects mentioned, but did provide family planning training for nurses and in September 1973 there were five trained nurses in Guyana.

Source

The Europa Yearbook 1972.

Situation Report

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Country INDIA Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			3,268,090 sq. kms.[1]
Total Population	360,950,365	462,027,000(1963)[1]	563,494,000 (1972)[1]
Population Growth Rate	1.3% (1941-50)	2.15% (1951-60)	2.2% (1963-72)[1]
Birth Rate	41.7 per 1,000 (1951-61)	41.0 per 1,000	42.8 per 1,000 (1965-70)[1]
Death Rate	27.4 per 1,000	22.8 per 1,000	16.7 per 1,000 (1965-70)[1]
Infant Mortality Rate	183 per 1,000 (1941-50)	146 per 1,000 (1951-60)	139 per 1,000 (1965-70)[1]
Women in Fertile Age Group (15-44 yrs)			117,651,000 (1970)[2]
Population Under 15			42% (1972)[3]
Urban Population	17.3%	18.0%	20% (1972)[1]
GNP Per Capita			US$110 (1971)[4]
GNP Per Capita Growth Rate			2.4% (1955-71)[4]
Population Per Doctor	5,700	5,800	4,795 (1970)[5]
Population Per Hospital Bed			1,571 (1968)[5]

1. UN Demographic Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. Population Reference Bureau, World Population Data Sheet 1973.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

India forms a natural sub-continent with the Himalayas to the north and flanked by the Arabian Sea and the Bay of Bengal. The Union of India consists of 21 self-governing states and nine territories. India has a parliamentary system of government with a bicameral legislature and a President and Vice-President. The capital is Delhi with a population of 3,647,023 in 1971.

India has 2.4% of the world's land area and 14% of its population. It adds 13 million annually to its population. The density per square kilometre is 182.

Ethnic

The people of India are extremely varied in composition.

Language

The official language is Hindi which uses the devanagari script. English is used as an associate language. Sixteen regional languages are officially recognised. There are several hundred dialects.

Religion

The 1971 census shows that there were 82.72% Hindus, 11.21% Muslims, 2.60% Christians, 1,89% Sikhs, 0.70% Buddhists and 0.47% Jains. Scheduled castes account for 14.60% and scheduled tribes 6.93% of the total population.

Economy

Economic planning began in 1952 and since then India has had four Five-Year Plans with the fifth starting this year. The aim was to initiate a 'process of development which will raise living standards and open out to the people new opportunities for a richer and more varied life', and to double per capita income by 1976. The success of the plans has been seriously hindered by the rapid growth of population.

The contribution of agricultural production to national income has fallen, though it is still the largest single contributor and about 70% of the population depend on agriculture for their livelihood. This sector provides a large proportion of exports and India ranks first in the world in the production of tea, groundnuts and lac and second in the production of rice, jute and raw sugar. Exports are being diversified to include manufactured and semi-manufactured goods. India also possesses large deposits of coal, iron ore, bauxite, manganese, and rare metals. Oil and natural gas have been found and large-scale development is being carried out. India has succeeded in developing an efficient infrastructure and has also developed a wide range of industries - from textiles and other consumer goods industries to iron and steel and heavy engineering.

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Communication/Education

Education is primarily the responsibility of the individual state governments. The central government is responsible for all higher institutions, promotion and propagation of Hindi, coordination and maintenance of high education standards, scientific and technological research. Under the Five Year Plans, priority has been given to an expansion in elementary and community education as well as in education for girls. Where possible education is both free and compulsory up to age 14. Schooling is divided into pre-primary, primary, middle and secondary grades. There were 69 universities, 1,322 Arts and Science Colleges, 1,151 Professional and Technical Colleges, 293 Special Education Colleges, 41 Research Institutions, and 3,971 Vocational and Technical schools in 1965. Literacy rates were 39.5% for males and 18.45% for females according to preliminary 1971 census results.

Broadcasting is controlled by the Ministry of Information and Broadcasting. All India Radio is the broadcasting centre and has 71 broadcasting stations. 11.7 million radio receivers were in use in 1970 i.e. 21 per 1,000 population and in 1971 there were 49,000 television sets. 821 daily newspapers had a circulation of 9.09 million i.e. 16 papers per 1,000 population in 1971. There were also 4,102 non-dailies. 4,716 cinemas in 1971 provided a seating capacity of over 4 million.

In 1971 a satellite communication centre was established and a Satellite Instructional Television experiment will be launched in 1975. The experiment will concentrate on rural areas and start in 4,000-5,000 villages.

Medical

Health is primarily a concern of State Governments but the Central Government improves the public health services through the five year plans. In 1968 there were 15,731 hospital establishments with 325,500 beds and in 1970 there were 112,000 physicians, 66,000 nurses, 57,000 pharmacists and 9,000 dentists providing services. Health Insurance started among government employees in New Delhi and certain industrial workers. Family planning plays an important part in India's social welfare service.

Legislation

There is no anti-contraceptive legislation. The use of oral contraceptives is restricted under the national programme. Oral contraceptives are provided through 319 pilot projects under medical supervision.

The minimum age of marriage was fixed at 18 years for males and 15 years for females by law in 1929. Since then the age of marriage has in practice been rising and today stands at over 16 years in the case of girls. Raising the marriage age to 18 for girls and 21 for men is now under consideration. Some states have also passed legislation affecting family size, for example, Madhya Pradesh and Maharastra have limited free government medical facilities to those with 3 children or less.

A new abortion law was passed in 1971 and came into effect in April 1972. Under the new law medical termination of pregnancy is allowed on health, eugenic, socio-economic and humanitarian grounds. The new law has also made abortion legal in those cases where pregnancy results from failure of contraceptive method.

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FAMILY PLANNING SITUATION

India's national family planning programme started in 1951 and is one of the largest in the world. India has signed the UN Declaration on population. A voluntary family planning association founded in 1949 also supports the programme.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of India,
1 Jeevan Udyog,
Dadabhai Naoroji Road,
Bombay-1,
INDIA

Cable: FAMPLAN

Officials

President:	Smt. Avabai B Wadia
Vice-Presidents:	Smt. Krishna Puri Smt. Premlata Gupta Smt. T Ramesh U Pai
Hon. General Secretary:	Smt. Mallika Ghosh
Joint Hon. Treasurers:	Smt. Vaidehi Char Smt. Gulab Dalal
Executive Secretary:	Miss Kamala Rao

History

Family planning activities started in India in the 1920s. The first clinic was opened by Professor R D Karve in Poona in 1923. By 1930 the Government of Mysore had opened the first government clinic. The Family Planning Association was founded in 1949, originating out of the Bombay Family Planning Committee. The Family Planning Association of India was a founder member of IPPF. The Association has always urged the necessity of a government programme for family planning. Its work is concerned primarily with family planning education, clinic services, training family planning personnel and research. It has 27 branches, and receives financial support from the Government and the IPPF.

Medical and Clinical

The Association provides services through 58 clinics including 46 full time and 12 part time clinics being run by 18 branches. Of these 49 are urban and 9 rural clinics. Besides these, 18 mobile units are being used by 13 branches in their service programmes. The mobile units are used for arranging vasectomy and tubectomy camps, and also for educational and motivational work. Emphasis is in the industrial and slum areas. Comprehensive Model Family Planning Clinics (CMFPC) which provide all services including abortion, infertility advice, vasectomy and tubectomy have been opened in 5 branches. In 1973 there were 71,414 new acceptors of which 10,584 accepted vasectomy, 7,112 tubectomy, 4,430 IUD, 2,244 orals, 40,478 condoms and 6,566 other methods.

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The Association complemented the Government's efforts by sponsoring intensive sterilization campaigns at which the Headquarters and five branches participated. 15 other branches participated in mass vasectomy campaigns with government assistance.

Apart from clinical programme for which they receive government grants, 16 branches conduct additional programmes as increased educational and motivational inputs, provision of tubectomy, MCH and other ancillary health services, provision of services in industrial and slum areas etc. Headquarters and 6 branches provide oral contraceptives in experimental projects as the use of oral contraceptives is restricted under the national programme.

The Association has sponsored the manufacture and distribution of low-priced vacuum abortion equipment designed by its Medical Director. Facilities for abortion are available at the 5 CMFPCs.

The programme in the Bombay and Thana industrial complex continued for the fifth year covering 53 units with a total of 116,415 employees in Bombay and 48 units employing 48,850 persons in Thana.

The Bhayandar Rural Project covers eight villages and is in its eight year of work. With the support of "satisfied customers" in the motivational work, 300 new cases were registered. Sub-fertility and sterility clinics at headquarters registered 290 new cases and 7,704 clinic attendances. The infertility clinic at New Delhi registered 704 new cases and had 8,265 attendances.

Information and Education

Information and education programmes constitute an important element of the Association's work. While individual counselling continues to provide the major thrust in the educational and motivational programmes, film shows, exhibitions, cultural programmes, mass meetings etc. are used as a means of introducing programmes and keeping them in focus. Personal contacts for advice, motivation, and follow-up amounted to 599,714 in 1973. 24,681 educational events were organised in 1972-73 the aggregate attendance at which was 1,187,517. The use of audio-visual aids and distribution of information booklets and leaflets also form an important aspect of FPAI's educational programmes. In 1972-73, over 90,000 of these were distributed.

Besides these educational activities Association's personnel participated in radio and TV programmes, addressed meetings and published articles in newspapers and magazines.

The prize-winning film "Baap-re-Baap" continues in popularity. The production of another film "Down to Earth" in three parts dealing with population, development and environment has been completed.

The quarterly, Journal of Family Welfare and the monthly bulletin, Planned Parenthood, published by Headquarters are in their eighteenth and nineteenth years of publication respectively. An "all-methods" booklet in Hindi was reprinted for use in educational programmes. Several branches have brought out newsletters and produced information booklets and leaflets in local languages.

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Following the conference on "Population Education and the Younger Generation" held in 1971, headquarters and 14 branches now have various types of population education programmes in schools, colleges, other institutions and for out-of-school youth. The Association is moving ahead with an interim programme of including population education as an extra-curricula subject at high school classes while the Government education department is carrying out a long term programme of introducing the subject in the school curriculum. Out-of-school programmes covered the young unmarried workers in industries, adult education classes etc. Charts, and other material have been prepared.

Population education has been developed in various branches to meet the requirements of the community. At Dharwar branch the population education project organised 238 events including 48 series of talks, 177 general talks and 13 seminars covering over 13,680 students and staff members of schools, colleges and training institutes in 1972-73. Other groups as Mahila Mandals, and Youth groups were also involved. The branch is conducting research to evaluate the impact of population education on family planning in a group of 10 villages.

The population education programme of the New Delhi branch initiated during 1971-72 was extended to cover further 43 schools in 1972-73. Extension lectures were arranged in teacher-training and university colleges and orientation given to 300 in-service teachers. The out-of-school programmes reached 30,350 non-school going youth in the Harijan colony at Mandir Marg, slum areas of Anand Parbat and two Balsahayog clubs. Suitable teaching and audio-visual aids have been developed by the branch for use in all these programmes. A book entitled "Apna Hath Jagannath" has been pre-tested in some schools and approved by the Union Ministry of Education for publication and use in schools.

Some other branches also have their own population education officers and are developing in-school and out-of-school programmes. The Bangalore branch besides other population education work is involved with workers' education groups and adult literacy groups. Most branches involved in population education develop their own audio-visual aids and printed material to suit local conditions.

Training

A Training Section has been set up at headquarters. Seven three-day advanced courses in medical and surgical techniques of family planning were conducted in 1972-73 bringing the total number to 16 courses conducted so far. 300 doctors were given practical training in these courses. Seven doctors were trained from Nepal and Sri Lanka. A one-month training programme in family planning communication and motivation was organised for two social workers from the FPA of Sri Lanka.

Four executives were given in-service training and several refresher training courses of two to three days' duration organised for fieldworkers. 31 orientation courses for voluntary workers such as local leaders in industries and communities were organised with 515 persons participating. Some post-graduate students were also provided field training.

Orientation courses for local leaders were organised by five branches. The training programme for auxiliary nurse midwives, which is supported by a grant from government, was continued by the Hyderabad branch.

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Research and Evaluation

The Department of Research and Evaluation at Headquarters maintains a concurrent evaluation of its own field and clinical programmes as well as of the branches. During 1972-73 the department continued the analysis of the pre and post action questionnaires administered to 400 school children in the five-lesson teaching programme under the headquarters population education programme. The socio-economic characteristics of 1,845 sterilised persons were also analysed and the report is under preparation. A report of the Baseline Survey carried out under the Bhayandar Rural project was completed. A follow-up study of abortion cases at the Cama and Albless Hospitals in Bombay was started in 1972.

Special Projects

The Rural Family Planning project is sponsored by the Association at the Allahabad Agricultural Institute and has completed two years of research oriented action programme covering a rural population of over 160,000 - 24,144 target couples. This is an experimental project in which an integrated approach suited to local development needs is used in promoting family planning practice among the target groups, by utilising the already available resources at the Block level. The project endeavours to have one-fifth of the total "couples in need" practising contraception by the end of five years. The number of acceptors for 1971 and 1972 were 1,519.

The Population Studies Centre sponsored by the Association at the Sri Venkateswara University, Tirupathi, has started a post graduate degree course in demography.

The prenatal and postnatal research project is centred at the Nowrosjee Wadia Maternity Hospital Bombay, and its aim is to assess the effect of nutritional supplements on low income pregnant mothers in the last trimester. In the first three months of the project in 1973, 75 cases have been studied.

Karnataka Project aims at advancing action for family planning through deeper population awareness. The project envisages a phased programme of developing to an optimum pitch voluntary action for family planning in one state - Karnataka. Karnataka State with a population of about 30 million consists of 19 districts of which 5 districts are being covered by the World Bank's Family Planning Project. The FPAIs programme will be taken up in the remaining districts. The project started operating in 1974. Branches were established in 8 districts and a central coordinating unit of the project was established at Dharwar. Pilot training programmes were also undertaken.

Conferences and Seminars

A number of conferences and seminars were organised by the Associations's headquarters and branches. The headquarters hosted a six-day conference of the Indian Ocean Region in December 1972. A two-day seminar on "Medical and Socio-Economic aspects of Abortion" was organised in Calcutta in November 1972. Prominent government officials were present at both these functions. Two seminars on "Family Planning in Industries" were organised at the Kanpur and Madras branches. The participants included representatives from industries, doctors, social workers and family planning workers from government departments and other organisations. Family planning months, fortnights and weeks were also observed at headquarters and branches and FPAI represented and participated in a number of events arranged by other organisations.

GOVERNMENT

Address

Department of Family Planning,
Ministry of Health, Family Planning and
Urban Development,
Nirman Bhavan,
New Delhi-11,
India.

Officials

Minister of Health and Family Planning: Dr. Karan Singh

Family Planning Commissioner: Dr. V D Mullick

History

The Government of India adopted a national family planning programme as an integral part of its development plans in 1952 for the welfare of the people. The programme was aimed at promoting the voluntary acceptance of the approved methods and devices of contraception through the process of education and motivation. In the first two five year plans (1951-61) research projects were initiated and services provided through clinics on a limited scale. It was not until after the UN Advisory Mission in 1965, which was chaired by the then Secretary General of the IPPF, Sir Colville Deverell, and the increasing availability of modern contraceptive techniques, such as the IUD, that the programme got into swing. The second UN Mission in 1969 was in cooperation with UNESCO and evaluated the national family planning programme. The programme gained momentum with the extension approach in education and motivation. More recently the mass sterilisation has been made popular through the camp approach.

There was a cutback in the Governments' budget allocation to family planning in 1973. This has since been partly restored. However, since then, there has been some question about the efficiency and success of the national programme. The new strategy is to integrate the family planning services with those for health, maternity and child health and nutrition. There will be selectivity in approach to obtain optimum result from the point of view of demographic effectiveness and cost effectiveness. Emphasis will be laid on community involvement by offering packages of community incentives and awards.

The target has been revised to reduce birth rate to 30 per 1000 by 1979, in place of the original target of reducing birth rate to 25 per 1000 by 1979.

During the 1st Five Year Plan Rs 1.4 million was spent on the family planning programme. During 2nd 5 Year Plan Rs 21.56 million,for 3rd 5 Year Plan Rs 248.6 million and in 4th 5 Year Plan Rs 3150 million was envisaged to be spent. An outlay of Rs 5160 million has been provided for family planning in the 5th Plan.

Organisation

The organisation and administration of Health and Family Planning under the Indian Federal Constitution are state subjects. While the 21 state government and 8 Union Territories are responsible for the administration and implementation of the programme, virtually the entire cost is borne by the Central Government. A Central Family Planning Council, headed by the Union Minister of Health and Family Planning and including State Health Ministers, representatives of leading voluntary organisations and others involved in the Family Planning Programme, provides the means of effective Centre-State communication and co-ordination. At the state level the responsibility for administrative supervision and implementation of the programme lies with the State Family Planning Bureau. There is close co-ordination at all levels between federal, state and voluntary family planning programmes.

Services

In 1973 the Government provided services through 45,283 clinic premises. The main feature of the programme is the "cafeteria" approach so that couples can select the method best suited to them. Conventional contraceptives are advocated for newly married couples, IUD advised for those having one or two children for spacing purposes and sterilisation for those couples who have two or more children and want to limit their family size. The post partum programme which started 4 years ago covers 124 institutions.

As a result of the programme efforts since 1956 till the end of March 1972, 10.8 million sterilisations and 4.2 million IUD's have been accepted. During 1971-72, 2.2 million couples are estimated to have been using conventional contraceptives. From April to October 1973, 2,384,589 condoms were distributed. About 13 million couples have been protected upto March 1972 and a total of about 10 million births are estimated to have been averted by the programme till 1971-72.

	Sterilisations	IUDs	C.C.	Total
1969-70	1,422,118	458,726	1,515,329	3,396,173
1970-71	1,319,589	471,039	1,954,683	3,745,311
1971-72	2,161,472	478,313	2,234,462	4,874,247
1972-73	3,038,603	-	-	-

Payments are made for IUD insertion and sterilisation to the patient, 'motivator' and medical personnel. These vary in amount from Rs 10 to Rs 250/- depending on the source. State governments allow about Rs 30/- broken up between those involved. Oral pills are supplied free of cost at 319 pilot projects under proper medical supervision.

The Government has set up a network for the commercial distribution of condoms. For this the existing wholesale and retail network of nationwide distributors of products such as Lipton tea, Hindustan Lever etc. are utilised. Condoms are also sold through postmen, tea shops, midwives, hospitals and family planning clinics. Since 1965 the department has distributed over 322 million condoms.

Training

Training is provided to doctors and staff in the 5 Central Institutes, 16 Central Family Planning Field Units and 44 Regional Family Planning Training Centres.

Auxiliary nurse midwives are now receiving training at more than 332 schools, and a training programme for village midwives (dais) has been introduced. There are an additional 18 schools for the training of Lady Health Visitors.

Information and Education

The strategy has been to concentrate on a few meaningful, positive statements used continuously, utilising both modern mass media (which reaches about 20% of the population) and traditional cultural media. The four faces and inverted red triangle and the slogan 'Do ya teen, Bacche, Bas' (Two or three children - STOP) has been used as the family planning symbol. This is used in many ways, it is shown on publications, posters, wall paintings, bus boards, rickshaw boards, tablets, on trains and coaches, match boxes and telephone directories, and there is a family planning postage stamp. The new slogan adopted in 1969, 'Next child not yet - after third never' shows a change in the theme away from limitation towards the concept of child spacing. Railway train motivators are employed to motivate men to adopt family planning methods.

The press regularly prints articles and supplements. All radio stations broadcast family planning information in women's and rural programmes, and also broadcast discussions and speeches by leading personalities. 67 radio stations have family planning cells. 172 government mobile publicity units are used, of which 30 are exclusively devoted to family planning and the rest have it as a major activity. Song and dance, drama parties, puppets and exhibitions are greatly used. Feature films have been made, and many regional films and spots in regional languages are used.

Family planning fortnights are organised at state and national levels and the voluntary organisations such as the Red Cross, Rotary and Lions Club, Chambers of Commerce and religious bodies all participate. Practitioners of indigenious and homeopathic medicine are also encouraged to take interest.

A syllabus for the purpose of introducing population education to the school system has been worked out by the National Council of Educational Research and Training. Audio-visual and textual material is being prepared for this programme.

There seems to be some lack of awareness of family planning message as found by the Operations Research Group which found that only 14.5% of an all India sample could identify the family planning symbol - red triangle.

Research and Evaluation

Over the years the research capacities and capabilities have been strengthened to more than 20 research institutes which carry forward the demographic, communication action and bio-medical research programmes.

There are now 11 Demographic Research Centres (including International Institute of Population Studies at Bombay) and 16 Communication Action Research Centres, doing studies in selected areas to describe characteristics of family planning acceptors, KAP Studies, age-specific fertility rates of different groups, numbers of births to be averted, preliminary cost benefit analysis, etc. The Central Family Planning Council co-ordinates the research activities in these various fields and also acts as a clearing house and documentation centre for effective utilisation of research in the programme.

Demographic and Evaluation Cells have been established in each of the 18 State Family Planning Bureaux. The cells are expected to undertake specialised evaluation studies in connection with the various inputs of the programme, and to highlight deficiencies in certain areas.

Within the Department of Family Planning itself the responsibility for evaluation rests with the Evaluation and Intelligence Units. The Department has also sanctioned the establishment of a Programme Analysis and Research Information Unit and relied upon external evaluation of the programme. At the request of the Government of India, 2 UN teams have assessed the Indian programme, first in 1965 and then in 1969. The Programme Evaluation organisation of the Planning Commission has also made its assessment of the programme.

Publications

A very large number of publications are produced - many in local languages. Among the regular Central Governments' English publications are the following:

Centre Calling	Monthly newsletter of the Department of Family Planning, Government of India.
DTRC Newsletter	Information on research and activities of research institutes.
Family Planning Quarterly	Ministry of Health and Family Planning.

OTHER ORGANISATIONS

The Christian Medical Association of India has a nationwide family planning project and receives assistance from Family Planning International Assistance.

Assistance

IPPF supports the work of the FPAI through financial, commodity and technical assistance.

United Nations has sent two missions, in 1965 and 1969 - the second in cooperation with UNESCO. The UN supports the Demographic Training Research Centre in Bombay. UNICEF has provided supplies, equipment and vehicles for health centres. WHO is involved in organising abortion services following the Medical Termination of Pregnancies Act of 1971. In addition WHO has provided fellowships for the training of dais. UNDP helped set up a centre for the Development of Educational Mass Media at New Delhi.

UNFPA has provided funds since 1971 for nine on-going projects: training, health and family life education, law and population programme, mass vasectomy camps, seminars and International Institute for Population Studies.

World Bank with SIDA has since June 1972 funded (US$31.8 million) an experimental project to determine what needs to be done to improve the effectiveness of the national family planning programme; provision of buildings, vehicles and equipment; expansion of activities in nutrition, motivation, research and evaluation and the development of a management information and evaluation system. Testing and evaluation of programme alternatives is being carried out in Karnataka and Uttar Pradesh.

Sweden (SIDA) provides condoms, printing units, offset paper, electric testing machines, and grant to the Christian Medical Association of India.

Japan has provided yen credit for purchase of contraceptives and has helped with training.

Denmark provides IUDs for clinical purposes, holds trials of the Danish IUD, Antigon and has assisted with training and buildings.

Norway gives a grant for the Hospital Post Partum programme.

UK Overseas Development Administration has provided some support.

Ford Foundation was a major provider of assistance to India. It provided consultants in developing information and education programmes and supported the Gandhigram project and training programmes for Indian personnel, and research into reproduction biology in India.

Population Council was also a major supporter of the programme. Trials of an IUD designed specifically for India were conducted.

Rockfeller Foundation supported some projects.

OXFAM (UK) supported family planning projects at various hospitals. Also provided funds to Christian Medical Association of India to support nationwide family planning programme in mission hospitals.

Church World Services promotes family planning through 450 Christian hospitals and clinics.

The Ross Institute of Tropical Hygiene runs a family planning project in the tea estates of Assam.

The American Friends Service Committee and World Neighbors have family planning projects.

The Pathfinder Fund helps run several clinics and has assisted with school syllabuses in population education. Also provided assistance for female sterilisation at teaching hospitals.

CARE has provided incentives for use at vasectomy camps.

A number of other organizations also provide assistance to family planning in India.

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Situation Report

Distribution *

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Country JAPAN Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			369,881 sq. kms.[1]
Total Population	82,900,000	93,210,000	103,720,000 (1970)[1]
Population Growth Rate	1.3%	0.9%	1.08% (1965-70)[2]
Birth Rate	23.7 per 1000	17.2 per 1000	19.2 per 1000 (1970)[1]
Death Rate	10.0 per 1000	7.6 per 1000	6.6 per 1000 (1970)[1]
Infant Mortality Rate			12.4 per 1000 (1970)[1]
Women of Fertile Age (15-44 yrs)			26.3 million (1970)[2]
Population Under 15			23.9% (1970)[2]
Urban Population			72.2% (1970)[2]
GNP Per Capita	US$284 (1958)	US$559 (1963)	US$2,130 (1971)[3]
GNP Per Capita Growth Rate			10.4% (1965-71)[3]
Population Per Doctor	1000	920	898 (1969)[4]
Population Per Hospital Bed			97 (1970)[2]

1 UN Demographic Yearbook 1972.
2 Statistics provided by Bureau of Statistics, Japan.
3 World Bank Atlas 1973.
4 UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Japan forms a curved chain of islands off the coast of east Asia. Population density is 284 per km. Four conspicuous urban-industrial concentrations centered upon Tokyo, Osaka Nagoya and Kitakyushu contain 58% of the population. With 7 cities containing populations of 1 million and over and additional 124 cities with population of 100,000 to 1 million, Japan is the most urbanised country in Asia. Tokyo, the capital of Japan has a population of over 11 million.

The Emperor is the Head of State, but has no governing power. The executive power lies with the Cabinet consisting of the Prime Minister and ministers of state.

Ethnic Groups

Apart from the very small number of Ainu, a people who exhibit certain Asian characteristics, the Japanese population is ethnically uniform. The Japanese people exhibit Mongolian and southern Pacific racial strains.

Language

Japanese is the official language.

Religion

Major religions are Shinto and Buddhism. There is a minority of Christians.

Economy

Japan is not well-endowed with natural resources and has to depend heavily upon imported minerals. Japan has achieved and maintained a very high rate of economic growth since the Second World War based on the promotion of manufacturing industries for export. The New Economic and Social Development Plan (1970-75) envisaged a continued average growth rate of 10.6%. Agriculture plays a relatively important part in the national economy, about 8% of the national product but has declined recently. Main products are rice and fish.

Japan gives aid to developing countries through bilateral agreements, private investments, technical assistance and international agencies.

Communications/Education

In 1971/72 there were 174 newspapers with a circulation of 53,022 million, i.e. 1.8 newspapers per household. In 1968 there were 25,742,000 radio receivers and 21,027,000 televisions in use.

Education is compulsory and free for 9 years (6-15 years of age) in elementary and secondary schools. There were 24,540 elementary schools, 15,630 high schools and 486 junior colleges in 1971. Higher education can be obtained in over 389 colleges and universities. In 1960, 99.8% of men and 99.9% of women were literate.

Medical/Social Welfare

Nearly all the population are insured under schemes covering health, welfare annuties, industrial accidents etc. In 1971 there were 8,026 hospitals, 69,857 general clinics, 67,945 pharmacists and 280,037 nurses/ midwives providing medical services.

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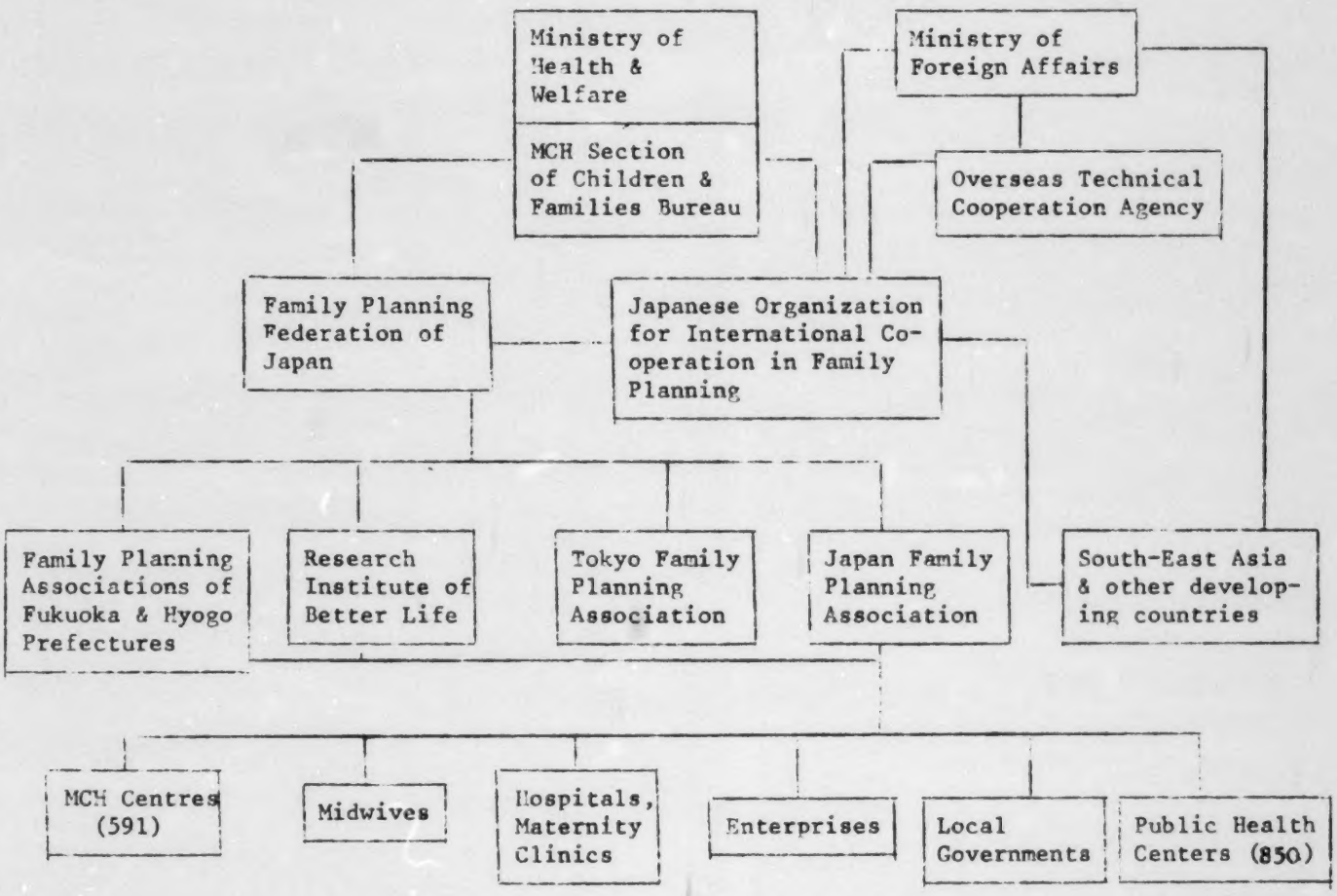
FAMILY PLANNING SITUATION

Family planning is an accepted part of Japanese life, practised by more than half of the fertile population; the Government has supported voluntary and local government family planning activities since the early 1950s.

The Government programme works through the Ministry of Health and Welfare; the Institute of Population Problems and the Foundation Institute of Public Health. The Family Planning Federation of Japan is mainly responsible for the information and education programme whilst the Japanese Organisation for International Co-operation in Family Planning (JOICFP) channels government aid to Asian countries. Japan has the slowest population growth in Asia. Since 1948 the rate in growth has been cut in half in a decade from nearly 2% to around 1%.

ORGANIZATIONAL CHART OF FAMILY PLANNING IN JAPAN


Ministry of Health & Welfare
MCH Section of Children & Families Bureau
Ministry of Foreign Affairs
Overseas Technical Cooperation Agency
Family Planning Federation of Japan
Japanese Organization for International Co-operation in Family Planning
Family Planning Associations of Fukuoka & Hyogo Prefectures
Research Institute of Better Life
Tokyo Family Planning Association
Japan Family Planning Association
South-East Asia & other developing countries
MCH Centres (591)
Midwives
Hospitals, Maternity Clinics
Enterprises
Local Governments
Public Health Centers (850)

Legislation

Orals are illegal as contraceptives, but are available for purposes other than contraception. IUDs are illegal except for experimental purposes. In 1965 the Government promoted a Maternal and Child Health Bill which includes family planning in the maternal and child health and public health services as a normal health measure.

The Eugenic Protection Law of 1948 has made abortion and sterilization legal.

FAMILY PLANNING FEDERATION OF JAPAN

Address

Family Planning Federation of Japan
c/o Hoken Kaikan 1-2,
Ichigaya Sadohara-cho,
Shinjuku-ku,
Tokyo,
Japan.

Officials

Hon. President:	Mr. Nobusuke Kishi
President:	Senator Shidzue Kato
Vice Presidents:	Prof. Juitsu Kitaoka Mrs. Fuku Yokoyama
Chairman, Governing Body:	Prof. Takuma Terao
Secretary-General:	Mr. Chojiro Kunii
Executive Secretary:	Mr. Yasuo Kon

History

In 1954, the FPFJ was formed to co-ordinate the various groups working in the family planning field and to provide a single organisation for IPPF membership. It became an IPPF member in 1954. The Fifth International IPPF Conference was held in Tokyo in 1955 and added impetus to the Japanese Federation's efforts to spread family planning throughout the country.

The Federation does not have clinics of its own but plans to open a model clinic at its headquarters. Its main function is to conduct medical research, seminars, training courses, and take part in fund raising activities for overseas family planning programmes. Its member organisations, which produce the family planning publicity and education material for the local authority programmes, support themselves by selling contraceptives.

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Information and Education

At present special emphasis is being placed on population growth and family planning within the context of Japan's environmental problems and also on activities for young people.

In February 1973 the Federation established a Council on Population Education. The Council is composed of family planning experts, representatives from government institutes, journalists and broadcasters. The Council seeks to increase public awareness of population and environmental questions. It is financed by the Japanese Organization for International Co-operation in Family Planning.

Activities for young people have included discussion groups and various contests designed to stimulate their interest in family planning and population. A population education textbook is being compiled for junior high, and high school students.

Each year the "All-Japan Family Planning and MCH Convention" is held for family planning workers. As from 1974 it is also planned to hold an annual "All-Japan Population Conference". The aim is to stimulate public involvement in population and other relevant questions. In 1974 the conference will be organized around the World Population Year but in future years the "conference" may be held as a symposium or panel discussion, as is felt relevant.

Since 1954 the FPFJ has worked in co-operation with the Mainchi Newspapers on public opinion surveys on abortion and contraception.

A special effort has been made since 1963 to reach the newly weds and the 25-29 age groups which have the highest abortion rate.

The educational material produced by the member organisations of the FPFJ is sold to the local authorities, to private family planning instructors, to industrial firms and to other private groups. The FPFJ produces leaflets, pamphlets, wall-charts, flip cards, pelvic models, family planning kits, film strips, film taperecordings, manuals and textbooks on contraceptive methods. This material is frequently demonstrated and distributed to family planning workers during refresher courses.

The FPA of Japan which is a member organization of FPFJ produces a monthly newsletter for family planning workers entitled "Family Planning" and the Tokyo FPA publishes the "News of Family Planning". JOICFP translates and publishes foreign literature related to family planning to stimulate government officers and economic leaders. One recent publication included an English version of twenty years of public opinion surveys on family planning carried out by the Mainichi Newspapers.

Since 1972 a good deal of emphasis has been given to the fund raising efforts of JOICFP which produces a bi-monthly fund raising journal called "World and Population".

Concern is being expressed over the high abortion rate in Japan. Religious groups and other bodies concerned with a decay in sexual morality are seeking to reform or abolish the Eugenic Protection Law. The FPFJ has been running a strong campaign against this proposed change in the Law, using newspapers and television. The question is still under discussion.

Training

The FPFJ was instrumental in establishing the Japanese Organisation for Internation Co-operation in Family Planning in 1968. Together they are responsible for the national training programme.

Since 1969 the FPFJ has organised the following training courses:

1. A training course for family planning workers is run twice a year. 50 nurses and 50 midwives attend each course.
2. A training seminar on Eugenic Marriage is run twice a year. The Federation trains family planning workers to become expert counsellers on marriage problems, particularly those of heredity. 100 people are trained at each course.
3. An advanced training course on Eugenic Marriage is run once a year, with the aim of preparing family planning workers who already have a basic knowledge of eugenics and heredity to become marriage counsellers. About a hundred people are trained at each course.
4. A seminar is held once a year for doctors and social workers who organize instruction classes on family planning and MCH for newly-weds and engaged couples. About 100 people are trained.
5. JOICFP carries out a seminar for Japanese family planning workers who are going to work abroad. The seminar lasts for two weeks and is attended by about 20 people.

In co-operation with JOICFP and the Ministry of Foreign Affairs:

1. A group training course for participants from Asian countries is organised, providing basic knowledge of family planning and its techniques. In 1972, 12 participants attended. 10 people were also trained during a one week course at the beginning of 1973.
2. A seminar for family planning leaders is held for senior officials from 10 Asian countries. About 24 participants took part in 1972.
3. A specific course for participants from Indonesia, Thailand and the Philippines is run. In March 1973, 10 family planning workers took part in this course.
4. A seminar in the use of mass media for family planning is held. The purpose is to introduce to participants the audio visual aids and materials available for use in family planning.
5. A seminar to study demographic statistics in relation to population problems is run for about 18 administrators and family planning workers from Asian countries.

Research

The FPFJ has three specific committees dealing with research; the Medical Committee undertakes research on IUDs especially the Ota-ring.

The Committee on Eugenic Matters, works for the retention of the "Eugenic Protection Law".

The Population Committee undertakes research into population problems.

GOVERNMENT PROGRAMME

History

Family planning movement started in Japan after the First World War, with a visit by Margaret Sanger in 1922, and the work of Japanese pioneers like Mrs. Kato and Dr. Majima. However, from 1935 to 1945 the Government adopted pronatalist policies, and banned family planning activities.

After the Second World War Japan experienced a sudden population increase due to repatriation, demobilisation and the post war baby boom. In the absence of effective contraceptives, the people resorted to induced abortion on a massive scale, primarily for economic reasons. This forced the Government to pass the Eugenic Protection Law in 1948 which made abortion legal.

In 1949 the Manichi Newspapers Population Problems Research Council was established and recommended that the Government should emphasise heavy industry to increase productivity and establish a family planning programme to control population growth rate.

In 1952 the Government initiated a family planning programme to promote contraception as an alternative to abortion. Voluntary organisations performed the introductory work to the general public and in 1955, the Ministry of Health and Welfare launched a special programme to promote family planning practice among indigent families.

An all Party Parliamentary Population Group was established in April 1974. At present 78 members of the Japanese Diet have joined the group which will study population problems and related questions and made proposals for national policies to meet these problems.

The Population Problems Council in Japan, an advisory body to the Minister of Health and Welfare, published in 1974 a White Paper specifically designed for World Population Year. The Paper proposes that the present reproduction rate in Japan be maintained; that greater effort be made to increase public understanding of population and environmental problems and that Japanese aid to developing countries be increased.

Services

Prefectural and Municipal Governments play a leading and supervisory part in family planning services provided on both public and voluntary basis. The Health Centres not only provide routine consultation on family planning, but also frequently organise mothers' classes, discussion groups, newly married couples' classes and other group meetings on the subject of family planning. Family planning is given along with other MCH services including post partum education, well-baby clinics and home visits by fieldworkers to new born babies.

Personal guidance is conducted by doctors and "conception control instructors" who are qualified midwives, public health nurses and clinical nurses, specially trained in a formal course given by the Government. In the special programme for indigent families, the costs needed for personal guidance, the contraceptive appliances and chemicals are funded by the Central and Local Governments. However, the scope of this project has diminished in recent years.

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In 1966 there were 826 Health Centres which included family planning in their services; in 1968 the number was 832 and in 1970 about 850. MCH Centres, of which there are about 591, also provide family planning services.

The predominant method used is the condom (50-60%); the rhythm method covers 30-40% and contraceptive jellies, tablets and foam about 5-10%. Very often condoms are used in conjunction with other methods, especially rhythm, and for this reason the total of these percentages exceeds 100%. Although IUDs and Orals are illegal, public access is not denied. Either method is available on prescription. A survey carried out in 1972 showed that about 9% of family planning acceptors were using the IUD. However, the method is not popular and the cost of the insertion and follow-up medical checks suggest that even if the method is legalized its usage may not rise substantially. Orals are sold in chemists as menstrual cycle regulators.

Although induced abortions have been declining, it is estimated that there are still over a million legal and illegal abortions a year. Abortion is easily available and inexpensive.

Aid

In January 1969, the Japanese Government approved a first grant of $100,000 to the IPPF and has continued providing aid in subsequent years. Apart from assisting international family planning through the IPPF the Japanese Government is giving direct family planning aid as part of a medical aid programme to Asian countries which request it.

Research

Most of the work done in this field is carried out by the Foundation Institute of Population Problems and the Institute of Public Health. The Foundation Institute of Population Problems concentrates on socio-economic questions relating to family planning. The Institute of Public Health conducts research on medical aspects of family planning such as follow up use of the Ota-ring and problems related to induced abortion.

OTHER ORGANISATIONS

The Manichi Newspaper Population Problems Research Council has pursued research into family planning and abortion in Japan. It published its family planning surveys between 1950-1970. In July 1970 an over-all review of the past ten surveys was published: "Japan's Population Revolution" (in Japanese). It was translated into English by JOICFP in 1972.

JOICFP was set up to channelise private aid into family planning needs of other Asian countries. It has provided commodity assistance to Indonesia, Philippines and Korea with donations from Japanese Ship-Building Industry Foundation and other industries.

Besides the services provided through the governmental scheme, some of the big enterprises such as Nippon Kokon, The Iron Company, the Japanese Railway and other public enterprises have taken up guidance on family planning as one of the welfare measures for their workers. The motto is "Safety in the factory comes from happiness in the home; happiness at home begins with family planning". Recently their efforts have declined because of the industrialists concern over labour shortage.

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American Universities Fieldstaff Reports. East Asia Series Vol. XVII No. 5. March 1970.

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FPFJ Reports to IPPF.

Situation Report

Distribution *

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Country KENYA

Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			582,644 sq. kms.
Total Population	6,018,000	8,155,000	12,934,000 (1974)[1]
Population Growth Rate			3.5% (1974)[1]
Birth Rate			51 per 1,000 (1971)[1]
Death Rate			17 per 1,000 (1971)[1]
Infant Mortality Rate			115 per 1,000 (1971)[1]
Women in Fertile Age Group (15-44 yrs)			2,336,036 (1969)[1]
Population Under 15			47.9% (1974)[1]
Urban Population			7% (1974)[1]
GNP Per Capita			US$160 (1971)[2]
GNP Per Capita Growth Rate			4.3% (1965-71)[2]
Population Per Doctor			11,000 (1971)[1]
Population Per Hospital Bed			715 (1970)[1]

1 Official estimates based on 1969 Census.

2 World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Kenya became an independent member of the British Commonwealth in 1963 and a republic in 1964. Together with Uganda and Tanzania, Kenya is part of the East Africa Community.

A national census in 1969 indicated a population 368,000 larger than previous official estimates. The largest city is the capital, Nairobi, which has an estimated population of 630,000. Mombasa, the next biggest city, has a population of 359,000. Overall density is about 19 per sq. km. but some 75% of the population is contained in only 10% of the total area of the country.

The average number of children born alive to women who survive to 50 years of age is estimated at 7.6 - one of the highest rates in Africa.

Ethnic Groups

The main tribes are the Kikuyu (2,201,632), Luo (1,521,595) and Luhya (1,453,302). There is a large Asian minority (c.139,000), some 40,000 Europeans and 28,000 Arabs.

Language

The official languages are English and Swahili.

Religion

The majority follow traditional beliefs. About 25% are Christian and 6% Muslim.

Economy

Approximately 80% of Kenya's population lives on the 17% of land which is suitable for cultivation under present technology. In 1965 the number of potentially productive acres per person was estimated at 4.3,by 2000 it is expected to be 1.3.

Agriculture is the chief occupation and source of income for the majority of the population, but the service and manufacturing sectors are also important. Kenya's economic record since independence has been very successful relative to other African countries - economic growth amounts to approximately 7%. However, an ILO report submitted to the Kenyan Government this year, the 10th anniversary of independence, criticised the Government for paying more attention to national economic progress rather than to closing the gap between the rich and the poor.

In large areas of Kenya there is cyclical famine; in many others semi-aridity, combined with poor soil make only bare subsistence possible.

In manufacturing, food, drink and tobacco form the largest sector. Other important industries are vehicle assembly, chemicals and petroleum.

The Government directed all employers to increase their labour force by 10% with effect from 1st July, 1970 under the Tripartite Agreement, but even now unemployment remains one of the country's greater problems. In 1970, it was estimated that the hard core unemployed numbered 250,000. At the present rate of population growth 4,400,000 new jobs would have to be created by 2000.

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Main exports in 1972, in order of importance were: coffee, tea, petroleum products, meat and meat products, pyrethrum and sisal.

The 1974-78 Development Plan, according to experts, is likely to place more reliance on domestic sources of finance for investment in both the private and public sectors.

Communications/Education

The country has an extensive transport system with well over 25,400 miles of road of varying quality, 2 international airports, at Nairobi and Mombasa, a railway system and an international port at Mombasa.

The Government radio, the Voice of Kenya, operates 3 services, in Swahili, English and vernacular languages (18 altogether). Television was introduced in 1962. There are 4 daily newspapers.

Newspapers	14 copies per 1,000 (1970)
Radio	40 sets per 1,000 (1970)
Television	1.5 sets per 1,000 (1970)
Cinema	1.4 seats per 1,000 (1963)

School enrolment 1973: primary 1,000,000, secondary 97,680.
More than 4,800 students attended the University of Nairobi and the Kenyatta University College, Nairobi.

Education is not compulsory, and it is estimated that more than half the population are illiterate. About 5,000 students a year study overseas. Free primary education (from classes 1 to 4) has been provided since January 1974.

Medical

There are state pension and welfare schemes. No fees are charged to out-patients and free services are available to the needy. Missions, commercial firms and private charities also provide medical services. There is a medical school in Nairobi where a family planning course is an important part of the curriculum.

Expectation of life at birth estimated in 1969 was 49 years for both sexes.

The Vihega area, one of the most densely populated areas in both Kenya and Africa (density: 1,500 per sq. km.) is one of six experimental Special Rural Development Projects. Here there is instruction on animal and crop husbandry for the men and family life education for the women.

FAMILY PLANNING SITUATION

The Kenyan Government was the first in sub-Saharan African to adopt a national family planning programme. This programme receives substantial support from IPPF, SIDA, UNFPA, IBRD, USAID, the United Kingdom, Netherlands and Norwegian Governments, The Ford Foundation and The Population Council. All family planning activities in the country, including the work of the Family Planning Association of Kenya (FPAK) are co-ordinated through the Ministry of Health's Working Party on Family Planning.

Family planning services are now available from some 305 clinics run by the Government and various other groups and organisations.

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History

The FPAK was the principal organisation working in the field of family planning between 1961, when it was founded, and 1965 when the Government accepted a family planning programme as part of its 1966-70 Development Plan. External assistance has been playing an important role in the implementation of this programme. In February 1970, IPPF signed a Technical Assistance Agreement with the Government of Kenya covering matters of mutual concern such as the Mobile Teams, the Family Welfare Centre and IPPF's Regional Office and staff.

FPAK became an IPPF member in 1963.

Legislation

There is no anti-contraceptive legislation; neither is there legislation permitting or prohibiting abortion; it is officially permitted on medical grounds.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Kenya,
P.O.Box 30581,
Nairobi.

Tel: 28029
Telegrams: FAMPLAN

Officials

Life Chairman:	Dr. S N Mwathi
Chairman:	Mr. W N Wamalwa
Acting Executive Director:	Mr. E Muteru
Secretary/Treasurer:	Dr. J Kabiru
Information & Education Officer:	Miss F Mudoga

Services

The main responsibility of the FPAK since the establishment of the Government programme has been for information and education work within the national programme. The Government took over most of the clinics formerly run by the Association, and FPAK services are now limited to a few clinics for fee-paying clients. Eight clinics are run by the FPAK; acceptor figures for 1972 were as follows:

Orals	338
IUD	116
Others	775
Total	1,229

The total number of visits was 8,748.

In the years 1955-58 only about 41,920 women spread over all clinics accepted a family planning method but since 1968 approximately 3,200 women accept per month.

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Information and Education

Information and education work in Kenya is the main responsibility of the FPAK. The Government assists this work by providing free use of radio and television.

The FPAK, in conjunction with the Ministry of Health, Family Planning Section and the Ministry of Co-operatives, organises seminars for local civic leaders, extension workers and school teachers in various areas of the country. Lectures are given to schools, colleges and at public meetings. In 1972, some 18 one-day seminars were held in different districts for local leaders, church leaders, field staff, teachers, politicians, women groups and other organisations. About 720 people attended.

In order to increase the number of extension workers equipped with family planning information, 9 courses were held in areas of all the country for already recruited and employed extension workers of various organisations. A total of 316 social workers, community development staff, farmers and teachers attended.

It is hoped that a countrywide study, by the Institute of Development Studies of the University of Nairobi, will be carried out to determine the effectiveness of these courses. The study has already started in Kisii District of Nyanza Province. It is hoped it will be extended to other areas.

In 1972 the Association found an important opportunity for meeting a cross section of the Kenyan public at the Agricultural shows. In all, the Association participated in 10 shows throughout Kenya at the district, provincial and national levels. Provisions have been made to participate in divisional shows.

In November 1973 FPAK organised a family planning seminar for some of the Members of Parliament in Mombasa. The seminar was a great success to the extent that some of the 50 participants have since visited the FPAK offices to ask for further similar seminars. Another seminar will be held for the other members of Parliament later this year.

The FPAK publishes Jamii, a quarterly journal, containing news of family planning developments in Kenya and elsewhere. Extensive use is made of the Association's stock of films: FPAK has a collection of 25 different films, and each area officer has use of a projector to show films in his/her area.

Family planning as a solution to the population problem is gradually becoming understood and accepted by a wide cross-section of the Kenya populace. The mass media (press, radio and television) have continued to give wide publicity to matters related to the work of the FPAK.

Never before have the subjects of family planning education and sex education been given such a wide coverage. No two days pass without an article or a report in the local newspapers and magazines on one of the above subjects and the hope is that the debate that is going on now in the press will continue in order to educate the people in depth about the very wide subject of family health and population growth.

FPAK has made some attempt to reach youth through participation in seminars organised by the YWCA, YMCA and WAY. The demand for speakers on sex/population education for youth far exceeds the number of FPAK staff capable of giving such talks. The youth-oriented activities are to be continued and more seminars for young people are to be arranged.

Fieldwork forms an important part of the Association's work. At the beginning of 1972 there were 50 field educators supervised by 6 area officers. The number has increased to 73 field educators and eight area officers. It is expected that an additional 800 field educators are to be employed by July 1974, the beginning of the National 5-Year Family Planning Programme.

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House-to-house visiting for motivation and follow-up by field educators is limited at present by other duties, such as paper-work at clinics, but it is hoped to improve follow-up this year.

Various fund raising activities were conducted in 1973 including a flag day, raffles, jumble sales, fêtes, auctions and dances. August 1974 will be the membership drive month. Fund raising dances, social evenings, raffles and other activities are planned to popularise family planning and raise funds.

Training

FPAK personnel are trained at the Adult Studies Centre, Nairobi University at Kikuyu near Nairobi.

In 1972 a 4-day family planning course for secondary school teachers was held at Mombasa. A course for 12 field educators was run in co-operation with the Family Welfare Centre.

Research/Evaluation

The results of a Knowledge, Attitude and Practice survey carried out in 1970 with Ford Foundation assistance showed that approximately 65% of adults in Kenya knew no method of family planning, but also indicated a growing desire for information about family planning. The study also showed radio to be the best source of information of the various forms of media. This information has encouraged the Association to try and extend its education activities with emphasis in the longer term on a greatly increased field educator force.

FPAK has for some time been hoping to carry out a countrywide survey to find out the reasons for the large numbers of drop-outs. The Institute for Development Studies at the University of Nairobi is now helping with this research. Latest information from the Ministry of Health indicates that 76% of all new acceptors drop-out within the first 2 years.

GOVERNMENT

Officials

Minister of Health:	Hon. Dr. Z Onyonka
Permanent Secretary, Ministry of Health:	Mr. J Kyalo
Director of Medical Services:	Dr. J C Likimani

The Director of Medical Services is responsible for overall policy and planning. The Government's goal is to reduce the population growth rate by 1% in ten years. In order to help implement the programme, it is proposed to establish an inter-agency committee to co-ordinate policy formulation and review, as well as evaluation. The proposed committee would include representatives from the various Ministries concerned, Health, Education, Co-operatives and Social Services and the Treasury, the Family Planning Section, Broadcasting, the FPAK and IPPF. A doctor with the rank of Deputy Director of Medical Services has been appointed at the Ministry

of Health to take charge of the Family Planning National Programme.

World Population Year in Kenya was officially launched at a national seminar on April 8, 1974 by the Minister for Finance and Family Planning, Mr. Kibaki. The Minister reiterated the Government's commitment to the Family Planning Programme and announced that £12 million would be spent on the programme in the next five years. The money will go to building family planning clinics, nutrition centres and general medical care for mothers and children.

Services

At the beginning of 1972 the Government was providing family planning services in some 154 clinics (not including clinics covered by IPPF mobile teams).

A five-year expansion project envisages reaching a maximum target of averting some 230,000 births between 1972 and 1976. It is calculated that the total number of acceptors would need to be more than half the women in the 15-45 age group in the country.

The pill is the most popular method of contraception with new acceptors. The Government adopts a cautious attitude towards Depo Provera, and the drug is only available from a few centres in Nairobi despite its great popularity with acceptors. At present it is only permitted to be given to clients over 30 years old who have five children.

Clinic attendance figures for the National Family Planning Programme for the years 1970-72 are as follows:

Year	First Visit	Revisit
1970	35,136	113,695
1971	41,100	138,656
1972	45,205	172,279

This is in spite of the fact that the number of motivators and clinic personnel has not increased appreciably. Intensified motivation would yield more acceptance of family planning.

Information/Education

A 'Theme of the Month' campaign has been launched by the Health Education Division of the Ministry of Health for World Population Year. Each theme considers an aspect of maternal and child health.

Training

Most training of government personnel takes place at the Family Welfare Centre. In the Five Year Plan, some 50 registered nurses will be trained to be trainers of family planning paramedical staff (the first six were trained in May 1972 and another six were trained in the USA in September 1972). It will then be possible to train paramedical staff in family planning either centrally or in the provinces. In 1972, 432 extension workers from various ministries were released to attend familiarisation training courses of approximately one week.

IPPF Africa Regional Office

Address

P.O.Box 30234,
Nairobi.

Tel: 27839

Officials

Chairman:	Mr. William Wamalwa
Regional Secretary:	Mr. Christian K Gbeho
Assistant Regional Secretary:	Mr. Tom Kumekpor
Information and Education Officer:	S Raheem Sheikh
Programme Officer:	Mr. Okwenje
Evaluation Officer:	Mr. Leo Milas
Finance Officer:	Mr. John Noronha

During 1972 an almost completely new staff took up appointments at the Africa Regional Office. This included the new Regional Secretary, Mr. Gbeho, and a full-time Information and Education Officer. Regional Office has already assisted a number of associations by producing booklets, posters and pamphlets in some local languages as well as English. IPPF was responsible, together with the Red Cross, for a short film about Kirathimo village, a model village where family planning is provided as part of a general education programme for mothers and their children suffering from malnutrition.

IPPF in conjunction with CESI and ECA, held the second in a series of 3 workshops on Population Problems and the Mass Media at Nairobi in January of this year.

Mobile Teams

IPPF supports seven mobile teams, seconded to the Ministry of Health, working in Nairobi, Mombasa, Kisumu, Kericho, Thomson Falls, Nyeri and Meru areas. Each team has one doctor, an educator and a nurse/midwife. The first team began work in April 1968, and the seventh in January 1970. Clinics are held in government premises, and family planning sessions frequently coincide with MCH sessions so that field educators can approach women attending other clinics. The choice of clinics lies ultimately with the local Medical Officer of Health. The units also provide training for government health personnel particularly paramedicals as well as serving 90 clinics throughout Kenya.

In 1972, the seven mobile units served a total of more than 62,700 clients of which 10,224 were new acceptors. IPPF assisted in the evaluation of the work of these teams.

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Family Welfare Centre

IPPF's training centre, the Family Welfare Centre, located in the grounds of Kenyatta Hospital, was completed in February 1969. The Centre acts as a training-cum-service institution. Doctors and paramedicals, the Kenya Government and other African countries receive training at the Centre. The Nairobi City Council also uses the Centre as one of its routine MCH clinics where free MCH services including family planning are provided to all mothers and children. Family planning clinics are held four days a week, and are always well attended. In 1972, 4,811 new acceptors attended the Centre; 1,897 chose the pill, 2,248 injectables and 494 IUDs. The growing demand for injectables continued in 1973 and the highest continuation rate was reported for this method, despite the fact that it has to be paid for, and that women have to travel from all over Kenya to obtain it from the one or two centres in Nairobi.

Training

Training in 1972 covered lectures for 4th year medical students and final year nurses from Kenyatta Hospital. Courses were held for 140 paramedicals and field educators both by the Family Welfare Centre staff and the IPPF mobile clinics. In addition a workshop for 36 senior field staff from 9 African countries including Kenya was held at Mombasa. A similar workshop for participants from 4 of the West African countries was held at Ibadan in the first quarter of 1973.

The Family Welfare Centre trains the bulk of the Government medical and paramedical staff in family planning. However, the provincial family planning Trainer/Supervisors hold training sessions in the provinces.

OTHER ASSISTANCE

World Bank - a major $31.2 million Five Year National Family Planning Programme funded by the World Bank and the Kenya Government, starting in July 1974, aims at providing 400 clinics on a full-time basis, and part-time family planning clinics at 190 centres. The plan envisages the training of 400 community nurses to man the clinics and 800 additional fieldworkers to provide family planning information and education services. To date only a handful of clinics provide family planning services on a daily basis and there are only 73 fieldworkers. The programme aims at averting 150,000 births and reducing the population growth rate from 3.5% per annum to 3.0% by 1979.

The Netherlands Government provides a training team of gynaecologists and nurses, who run clinics as well as assist with training.

Swedish International Development Authority (SIDA) - has made assistance available since 1969. One administrator is provided to the Ministry of Health's Family Planning unit. SIDA gives financial support to the Government for training and information activities as well as supplying contraceptives. Aid will be increased in the five-year National Family Planning Programme.

Norwegian Agency for International Development (NORAD) - has been supplying equipment for family planning clinics.

United States Agency for International Development (USAID) - has assisted with the census and the work involved after it.

Through a regional project started in 1972 USAID is conducting a pilot study to determine the potential role of the commercial/private sector in delivering family planning services in Kenya.

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USAID is funding an experimental project designed to test ways of delivering family planning messages at Vihega Special Rural Development Project in Kenya's Western Province. USAID is also assisting through advisers, efforts to incorporate family planning in the curricula of medical and paramedical staff and general development of materials in family planning and related fields.

During Kenya's Five Year National Family Planning Programme which starts in July 1974 USAID intends to inject even more money into family planning activities. Programmes will include the following:

a) Research in cost/effectiveness of family planning programmes.

b) Assisting the Ministry of Health to establish an effective client record system. The operation began early this year with two experts provided on a short term basis.

c) Helping establish a dualab soft wear computed system within the Ministry of Finance and Planning which will process demographic data for use by operational ministries and development planners. This project started in 1974.

d) Starting this year an experimental project has started obtaining demographic information by use of remote sensing census equipment utilising satellite facilities. The project envisages interpeting satellite photographs to give information on population density, urban migration, total population etc. without taking a physical count.

United Nations Fund for Population Activities (UNFPA) is financing micro-studies of fertility behaviour and is also providing assistance to family planning administration, training, clinical and related services and evaluation and research projects. UNFPA will continue to support population censuses and other population activities.

The United Kingdom Government has given equipment to be used by an evaluation unit.

Ford Foundation has given financial assistance both to the Ministry of Health and to FPAK for research and training in communications and motivation.

Population Council supports a resident advisor in the Ministry of Health's Family Planning Section. It is also supporting research being carried out at the University of Nairobi.

OXFAM has given assistance to FPAK.

World Neighbors have co-operated with a number of other voluntary bodies in Kenya in family planning work.

Pathfinder Fund has given some assistance to FPAK.

Population Services Inc. (PSI) - runs a project of commercial distribution of 'Kinga' condoms. A new approach to the project is being conducted through a series of English and Swahili advertisements for family planning literature in publications circulated in Kenya, Uganda, Tanzania, Zambia and Malawi. The advertisements which offer to "help with your family planning problems" or suggest "how to live a better life with family planning" have so far brought almost 8,500 requests for the free PSI catalogue describing 4 family planning publications. Sales of the publications total 1,300 in the first 3 months. PSI plans to make "Kinga" available by mail order within next few months.

FAO is to produce a Swahili version of the IPPF film Kirathimo as part of its WPY activities.

SOURCES

Africa Contemporary Record 1972-73.

Africa South of the Sahara 1974.

Much of the information in this report was kindly provided by the FPAK.

Situation Report

Distribution

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Country KHMER REPUBLIC Date AUGUST 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			181,035 sq. kms.[1]
Total Population	4,074,000	5,440,000	6,701,000 (1969)[2]
Population Growth Rate			2.2% (1963-69)[1]
Birth Rate	51	41.4	44.6 per 1,000 (1968-70)[2]
Death Rate	30(1954)	19.7(1966)	15.6 per 1,000 (1968-70)[2]
Infant Mortality Rate		127(1959)	127 per 1,000 (1973)[3]
Women in Fertile Age Group (15-44 yrs)			1,204,305 (1968)[2]
Population Under 15			44% (1973)[3]
Urban Population			867,000 (1970)[1]
GNP Per Capita		US$70	US$130 (1971)[4]
GNP Per Capita Growth Rate			-2.2% (1965-71)[4]
Popualtion Per Doctor	39,000		15,297 (1971)[1]
Population Per Hospital Bed	1,328		893 (1971)[1]

SE 018 610

1 UN Statistical Yearbook 1972.

2 UN Demographic Yearbook 1972.

3 Population Reference Bureau Data Sheet 1973.

4 World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Formerly a French Protectorate, Cambodia achieved independence in 1953 and was a constitutional monarchy until March 1970 when Prince Sihanouk was overthrown by a coup. The new Government, which is largely composed of members of the former cabinet has a civilian commoner as Head of State. Cambodia was renamed as Khmer Republic in 1972.

The capital is Phnom Penh with a population of approximately 2 million including 700,000 refugees. The population density is 37 people per sq. km.

Ethnic Groups

The majority of the population are Khmer. The significant minorities are Vietnamese, Chinese, Cham and Europeans.

Language

Cambodian (Khmer) is the official language spoken by all except the Vietnamese and Chinese minorities. French is the second official language.

Religion

The majority practise Therevada Buddhism. There are also about 10,000 Roman Catholics.

Economy

The economy is based on agriculture and fishing. Rice is the staple food crop and principal export. Rice, together with rubber, maize and pepper constitute about 92% of exports. Industrial development is concentrated on small-scale import-substituting enterprises such as textiles and paper making. Khmer Republic receives aid from various foreign countries.

Communications/Education

The Khmer National Radio Service broadcasts in Khmer, French, English, Thai, Chinese, Laotian and Vietnamese. An experimental television service was started in 1962. In 1972 there were 105, 000 radio receivers and 30,000 TV receivers in use. 26 daily newspapers had a circulation of 145,000 in 1968.

Education in Khmer Republic has traditionally been in the hands of Buddhist priests, but state facilities are expanding rapidly with the state allocating 20-25% of the annual budget to education. In 1970-71 there were about 4,921 primary and secondary schools with nearly 400,000 students. There are 107 technical schools and colleges, 5 universities and 12 other institutions of higher education.

Medical

In 1971, there were a total of 94 hospital establishments with 7,500 hospital beds. Medical services were provided by 438 physicians, 71 dentists, 79 pharmacists, 3,639 nurses and 1,426 midwives. 6% of the Government's budgetary expenses go towards the public health services.

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FAMILY PLANNING SITUATION

There is no national policy on family planning in the Khmer Republic. Among some politicians, the feeling runs strong that Khmer is an under-populated country with large areas of unexploited land. More recently however, there have been statements recognising population growth as a problem. In 1971, approval was given for the creation of a voluntary Association for Welfare of the Family under the patronage of the Head of State who recognises the desirability of family planning not only from the point of view of family welfare but also from the point of view of economic planning. The medical personnel at government hospitals and Ministry of Health are providing leadership and assistance to the Association. In August 1972, by a decree of Ministry of Health a small family planning programme was integrated into the MCH programme. The Association became a member of IPPF in October 1973.

Interest regarding family planning has grown in medical and other influential circles who are working for the repeal of the statutory constraints to family planning found in the old French laws still operative in the country. The religious groups have no objection to family planning except to abortions as means of fertility control. At present orals cost US$2.00 per cycle and depo provera about US$3.00.

Legislation

The French anti-contraceptive legislation of the 1920s is still on the statute book. Abortion is not punishable where it constitutes a necessary measure to save the life of the mother and is performed by a qualified physician after the authorities of the commune have been notified.

Law is silent on sterilisation, and doctors are free to decide in accordance with their conscience and in the presence of definite medical indications, to perform female sterilisation.

FAMILY PLANNING ASSOCIATION

Khmer Association for the Welfare of the Family,
AKS Building,
Phnom-Penh Box 29,
Khmer Republic.

Officials

Honorary President:	Professor Phav Sany (Inspector General for Health, Phnom Penh)
President:	Dr. Samari Phalcun
1st Vice-President:	Professor Cheao Seang Lan
2nd Vice-President:	Dr. Long Nget
Secretary General:	Dr. Tek To
Joint Secretary Generals:	Dr. Keo Chhorn Dr. Chuon Sotha
Treasurer:	Mme. Oum Sim

Services

The Association provides services through 5 clinic premises. Orals and injectables are the most popular methods.

Information and Education

In 1973 the Association held several meetings and lectures in order to inform and educate other organisations, medical schools, teachers, students and personnel from government and hospital. Patient literature regarding pills and IUD are distributed in clinics by nurses and midwives.

A monthly ten-minute radio programme and a 15 minute TV programme were produced in 1973. Traditional singers, comedians and popular actors participated in the TV programme which was broadcast every other month.

Training

Intergovernmental Co-ordinating Committee for South East Asia (IGCC), through IPPF SEAO Regional Office funded the training of 13 government doctors in Bangkok in 1973. IPPF SEAOR provided scholarship for a Khmer doctor to study in Brussels.

GOVERNMENT

Following the integration of a small family planning programme into the MCH programme in 1972, the Ministry of Health is implementing, for the forthcoming years, a family planning programme the aim of which is not reducing birth rate but achieving a better spacing of births. For this purpose, several departments of the Ministry have been regrouped into a Family Health service which has the responsibility for co-ordinating activities regarding family planning.

Services

The Government provides services at 2 pilot clinics which have been started at 2 hospitals. In 1973 there were a total of 2,871 new acceptors. Of these, 2,201 accepted orals, 81 injectables, 410 IUD, 18 condoms and 161 sterilisation.

Training

15 family planning personnel were provided training - 2 in sterilisation, 6 in contraception, 5 family planning education and 2 clinic management.

ASSISTANCE

IPPF - provides assistance to the Association.

The IPPF SEA&O Regional Office has formed a Task Force for programme development in some countries in the Region including Khmer and has provided funds for training.

UNFPA - is providing funds for a project on Law and Population.

IGCC - provides training assistance and other forms of technical and financial assistance.

Thailand - Thai Government has provided some contraceptives to the Government.

SOURCES

Far East and Australasia, Europa Publications, U.K., 1974.

Proceedings of the first meeting of the IGCC Expert Group working Committee on Sterilisation and Abortion held in Penang, Malaysia, 3-5 January 1973.

IGCC - Report of the second meeting of Senior Government officials held in Manila on 4-5 September 1972.

Report of the third meeting of Senior Government officials of IGCC.

IGCC - report of the Second Advisory Group Meeting held in Kuala Lumpur on the 18-19 September 1972.

Situation Report

Distribution *

BEST COPY AVAILABLE

Country NEPAL Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		140,797 sq. kms.[1]
Total Population	9,180,000	11,555,983 (1971)[2]
Population Growth Rate	1.8%	2.07% (1961-1971)[3]
Birth Rate	41.1	42.97 per 1,000 (1970-71)[3]
Death Rate	20.6	22.8 per 1,000 (1970-71)[3]
Infant Mortality Rate		172.2 per 1,000 (1970-71)[3]
Women in Fertile Age Group (15-44 yrs)		2,569,184 (1971)[3]
Population Under 15		40.9% (1971)[3]
Urban Population		4.0% (1971)[3]
GNP Per Capita	US$45	US$90 (1971)[4]
GNP Per Capita Growth Rate		0.6% (1965-71)[4]
Population Per Doctor		36,454 (1971)[5]
Population Per Hospital Bed		5,761 (1971)[5]

1 UN Statistical Yearbook 1972.

2 Census result.

3 Local estimate.

4 World Bank Atlas 1973.

5 Central Bureau of Statistics, H.M.G. Nepal.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

SE018 610

GENERAL BACKGROUND

Nepal is a landlocked kingdom in the Central Himalayas, between India and Tibet. Its capital Kathmandu has a population of 353,756 (1971 national census). The population density is 82 per sq. km. but varies greatly according to the physical characteristics of the terrain.

Ethnic Groups

Mainly Mongolian, with some mixture of North Indian blood.

Language

The official language is Nepali, which is spoken in varying dialects throughout the country. English is spoken by a relatively small number of people.

Religion

Over 89% are Hindu, the remainder mainly Buddhist.

Economy

The economy is rural and agricultural; 93% of the population is engaged in agriculture. The main products are rice and maize, but agriculture is mainly confined to the Tarai belt and valley of mid-hilly region since 87% of the land is not arable. A new trade and transit agreement with India has been signed and good relations with China, the Soviet Union and the USA have been successfully maintained in recent years. There has been considerable aid from both the Eastern and Western Blocs.

Since 1951, Nepal has experienced unprecedented growth, and further transport, flood-control and hydro projects are in progress. The Fourth Five Year National Development Plan which started in 1970 expects to show considerable achievement by 1975. It hopes to tackle the problem of employment as in these five years jobs will have to be created for 525,000 people.

Communications/Education

Radio Nepal broadcasts in Nepali, Hindi, Newari and English. In 1971, there were 6 radio receivers per 1000 population. There were also 27 important daily newspapers all over the country with a circulation of 39,000 i.e. 3 per 1000 population.

Literacy is low - 23.6% for males and only 4% for females. Primary school pupils total some 450,000. There is one university in Kathmandu with 656 students. King Birendra, who became the ruling monarch in 1972, has ordered a complete reorganisation of the country's education system.

The estimated population growth would increase the number of children of secondary school age by 25% and of higher education by 39% in 1981.

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Medical

State welfare services are limited. Existing hospital and health services are to be extended under the 5 Year Development Plan. In 1972 there were fewer than 320 Nepalese doctors in the whole country, and more than half were working in the Kathmandu Valley. Much of the rural population have little or no health services available to them. There is also a shortage of paramedical personnel - one nurse for approximately 90,000 people and one auxiliary nurse/midwife for 38,000. There are 43 government hospitals with 1,436 beds and 13 non-governmental hospitals with 573 beds. In addition there are 35 health centres, 251 health posts and 85 Ayurvedic dispensaries.

FAMILY PLANNING SITUATION

Family planning activities in Nepal were initiated by the Family Planning Association in 1958. The Government accepted responsibility for providing family planning services in 1966 and together with the Family Planning Association is promoting its programme.

The death rate in the country is still high from such diseases as tuberculosis and malaria and family planning will only be accepted as part of a general improvement in Maternal and Child Health. Nepal was one of the first signatories of the United Nations Declaration on Population.

There is little objection to contraception but the Hindus in particular feel a need for one, if not more, sons the reasons being economic and religious.

Legislation

Abortion is illegal, but there is a growing support to legalise abortion.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Nepal,
Dilli Bazar,
P.O.Box 486,
Kathmandu,
Nepal.

Personnel

President:	Mr. Pashupati Giri
Vice-President:	Hon. Mrs. Sushila Thapa
General Secretary:	Mr. Basu Shashi
Treasurer:	Mr. Jagadish Bhakta Mathema

History

Founded in 1958, the Association began clinical activities in co-ordination with the Women's Voluntary Society in the Kathmandu Maternity Hospital in 1963. The Association was reorganised in 1965, and began to arouse positive interest in government circles, with whom close communication has been maintained. It was largely due to the influence of the Association that the Government accepted responsibility for family planning as part of the Maternal and Child Health Service.

Services

The FPA operates 5 clinics and a mobile clinic in the Kathmandu area, with mobile clinics available for use outside Kathmandu. In 1973 the total number of acceptors was 16,521 with 9,795 new acceptors. There are no facilities for female sterilization, but the total number of male sterilizations was 790. Condoms and pills have been the most popular methods.

Information and Education

Information and education have been given the highest priority since the Government has taken the responsibility of providing clinical services. Interpersonal communication has been found to be affective more than mass media but fieldwork outside Kathmandu has been handicapped by difficulties in communications. However, the efforts of fieldworkers to reach people living in rural areas are beginning to show results, with growing numbers of new acceptors and continuing patients, and fieldwork will be expanded in 1974 to meet the increasing demands.

In 1973, the association organised talks, exhibitions and film shows in different parts of the country to motivate the many illiterate members of the population.

A mobile motivation team worked at Sindhu Palchok concentrating on face-to face motivation for vasectomy and organising film shows dealing with family planning, agriculture and health education for ten consecutive days. 30,000 copies of pocket calendars were printed and distributed in 1973-74.

The material production programme of the Association in 1973 and 1974 included a book entitled "An Introduction to FPAN", a coloured poster for pre-test at Sindhu Palchok in 1974 and three films. A readers' survey of the popular quarterly journal "Niyojan" was made in early 1973.

The FPAN organised a Regional Workshop on "Community Leaders and Family Planning Communication" at Kathmandu (September 1972), the findings of which emphasized the necessity for interpersonal communication as distinct from mass media (see above).

There are plans to hold seminars in the areas of Sindhu Palchok, Bhairawa and Kathmandu in 1974, with participation of community leaders with a view to the stimulation of local initiatives in family planning.

A marriage counselling service and a family health bureau has been established in Helambu since 1972.

Co-operation with the Government

The rapid growth of the Government family planning project from 1970 onwards demanded a reorientation of the programmes of the Association. A major feature of the three-year Work Programme, drawn up in 1973 is the development of a integrated pilot project in the Sindhu Palchok district (central hills). This in-corporates the Family Health Project which began in the Helambu Valley in 1973. The project will integrate basic health functions with family planning and attempt to develop a community self-help approach. This will be followed by a second pilot programme in the Eastern Terai (plains) region in 1976-77.

The Health Ministry has established a four member coordination committee consisting of the Chairman of the Nepal Family Planning Board and Maternal and Child Health Project, the Project Chief and the President and Secretary General of the Association.

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GOVERNMENT

Address

Nepal Family Planning and Maternity and Child Health Project,
Bahadur Bhawan,
Kathmandu,
Nepal.

Officials

Director-General of Health:	Mr. B R Vaidya
Project Chief:	Dr. Y N Sharma
Deputy Project Chief:	Dr. B R Pande

The Government aim is to reduce the population growth rate from the current level of about 2% per year to 1% by 1985 and eventually to zero. The Government hopes to stabilize the size of the population at between 16 million and 22 million people.

The Family Planning and Maternal and Child Health Project is the official family planning administration. The project has its own Board and has been allocated 13 doctors who are solely engaged in family planning. In order to utilise the small number of medical doctors the centres are headed at the district level by a non-medical officer who in turn is assisted by one or two assistant health officers and some health aides. The Centres take care of pregnant women, children and of day-to-day family planning work. The health aides who are the key personnel, are engaged in educational work, are responsible for the "priority couple survey", and the follow-up of contraceptive adopters. They also distribute contraceptives. Recently, it has been decided to depute one health aid in one panchayat (approximately 3,000 population).

Services

The Family Planning and Maternal and Child Health Project started in 1965, and originally operated only in the Kathmandu Valley but has since 1968, extended its activities both in form and function. It was planned to extend operations to 30 and 40 districts for the years 1972 and 1973 respectively. 181 centres throughout Nepal were in operation in 1973. Weekly and fortnightly mobile clinics are organised to reach people not being served by the existing FP/MCH clinics. All family planning methods are offered. Vasectomy operation service is also made available by Mobile Vasectomy camps. Pills are distributed on the basis of a questionnaire rather than on the basis of a physical examination.

There were 128,228 total visits to government clinics in 1973, 61,094 being new acceptors. The condom was the most popular contraceptive method, with 47,475 using it. Oral contraceptives were used by 75,080 women, and there were 4,378 male sterilizations.

All services are free. However, some shopkeepers charge a nominal sum when selling condoms.

During 1970, the FP/MCH Project began a programme of commercial distribution of pills and condoms. The programme allows for distribution of pills and condoms via district office supply centres to shops and other commercial outlets in the country.

Training

A training programme for certificate and diploma level health has been launched by the Tribhuban University. Health Aids, who are the fieldworkers of FP/MCH Project are trained by the training section for a period of 3 months.

OTHER ORGANIZATIONS

Ideas of using other organizations, e.g. the Nepal Women's Organization, to distribute contraceptives and educate the people have been discussed by the FPA. The NWO has been involved with the development of literacy programmes, and there is the possibility of adding family planning to the activities of the literacy workers and of development of literacy materials stressing family planning, maternal and child health and related topics. However, a simple service project may be adapted for now, leaving the literacy programme activity for a later date.

Youth organization is also deeply involved in family planning by organising seminars, talk and lecture programmes on family planning.

Assistance

The IPPF provides financial assistance and commodities to the Association.

USAID assists the Government in implementing the integrated FP/MCH Project. The USAID is also involved in experiments with a variety of approaches to find the most effective family planning approach for Nepal.

International Development Research Centre has granted $217,022 to Tribhuban University in Nepal for health and family planning studies, and training of health personnel.

WHO - provides assistance in the training programme.

Church World Service - allocates supplies to a number of Nepal's hospitals and gives a subsidy to them through the United Mission to Nepal.

Population Council - has provided fellowships for graduate study in demography.

Pathfinder - has provided contraceptives.

UNICEF - is supporting the MCH programme, with drugs and supplies.

The Japanese Organisation for International Co-operation in Family Planning - in 1968 supplied contraceptives and other equipment.

SOURCES

Annual Report 1969/70 of Nepal Family Planning and Maternal Child Health Project prepared by Ministry of Health, H.M. Government, Nepal.

Annual Reports - Family Planning Association.

Monthly Reports 1973 Family Planning Association.

Population Programme Assistance 1971 - USAID.

Europa Yearbook 1971.

World Bank Atlas 1973.

Central Bureau of Statistics, H.M.G. Nepal.

Situation Report

Distribution *

BEST COPY AVAILABLE

Country NIGER Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	LATEST AVAILABLE FIGURES
Area	1,267,000 sq. kms.
Total Population	4,213,000 (1972)[1**]
Population Growth Rate	2.6% (1963-72)[1]
Birth Rate	52.2 per 1,000 (1965-70)[1]
Death Rate	23.3 per 1,000 (1965-70)[1**]
Infant Mortality Rate	200 per 1,000 (1965-70)[1**]
Women in Fertile Age Group (15-44 yrs)	19% (1969)[1]
Population Under 15	41.3% (1969)[1]
Urban Population	7.4% (1970)[1]
GNP Per Capita	US$100 (1971)[2]
GNP Per Capita Growth Rate	-4.4% (1965-67)[2]
Population Per Doctor	56,667 (1969)[3]
Population Per Hospital Bed	1,903 (1969)[3]

1 UN Demographic Yearbook 1972.
2 World Bank Atlas 1972.
3 UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

** The true figures will probably differ considerably (lower population, higher death rate) because of the extremely harsh effects of the Sahelian drought.

SE 018 610

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GENERAL BACKGROUND

The Republic of Niger is the largest state in West Africa, and one of four that are landlocked.

Formerly under French colonial administration, Niger became independent in 1960 after President Hamani Diori's government had, with some difficulty, consolidated its political dominance. Despite frequent opposition Diori remained in power until April 1974 when he was overthrown by an army coup. Colonel Seyni Kountie, the newly-appointed chief of staff, took over, suspended the Constitution, dissolved Parliament and suppressed all political parties. The coup was precipitated by the Government's ineffective handling of the very grave situation created by the drought which has struck Niger and the rest of the Sahel region.

Of an estimated 4.2 million people 20% is nomadic, and only 4% lives in the few towns. Niamey, the capital, has a population of 78,991; Zinder has 40,000 and Marad 28,000.

Ethnic Groups

The principal ethnic groups are Hausa, Djerma-Songhai, Fulani (Peulh), Tuareg and Beriberi-Manga.

Language

French is the official language. Other languages in use are Hausa, Zerma, Tamachek, Kaimi, Fulfuldé, English and Arabic.

Religion

It is estimated that 85% of the population are Muslims, 14.5% Animists and 0.5% are Christians. The most influential Muslim groups are the Tijaniyya, the Senoussi and the Hamallists.

Economy

With very limited resources and only 3% of its territory under cultivation, Niger was, even before the drought, barely viable economically. Until the Sahelian drought, traditional farming and stockrearing generated 66% of the gross domestic product. But the drought has left this desperately poor country in a state of near complete economic collapse and bankruptcy. Just two years ago, Niger agricultural authorities were busy successfully developing potentially large and profitable export markets for the country's then expanding beef output. Groundnuts were the most important cash crop, and plans were afoot to boost the groundnut output in the southern agricultural region of the country. But, since the drought the loss of livestock as a result of both water and fodder shortages has been staggering: estimates are that at least 80% of the country's cattle has perished or has been driven south across the border into Nigeria and Dahomey. The country's big goat and sheep population has also been decimated and even the camels have perished in large numbers. Extensive rural depopulation now means that once marginally productive land in the south will not be cultivated this season and consequently will become barren from soil erosion.

Water development projects have become top priority. A programme to sink 2,500 300-metre wells costing over US$200m has commenced. This rainy season the Food and Agriculture Organization of the United Nations proposes to carry out a big emergency air-seeding project in an attempt to restore barren

pastureland. But the greatest boost to Niger's impoverished economy is likely to come from increased development of the country's extensive and valuable mineral resources which, up until recent years, have been largely over-looked. Considerable attention is now being focussed on the uranium deposits.

Communications/Education

There are 554 km. of bitumenized roads. IDA has granted substantial loans to Niger for the development of both internal road transport and external links with Nigeria and Dahomey. The international airports are at Niamey, Maradi and Zinder, the first being the most important.

The Office de Radiodiffusion-Télévision du Niger (ORTN), a Government station, broadcasts programmes in French, Hausa, Zerma, Tamachek, Kanuri, Fulfuldé, English and Arabic.

Newspapers	0.5 copies per 1,000 (1971)
Radio	36 sets per 1,000 (1971)
Cinema	0.9 seats per 1,000 (1971)

Niger has a literacy rate of about 11%, but the Government is taking steps to expand educational services with French and UNESCO assistance. In 1971 a Centre d'Enseignement Supérieur was opened; it is intended that this become the nucleus of a future university. In March 1973 an education conference drew up guidelines for reforms designed to make education suited to the country's culture and its needs for progress.

Education - 1970-1971

Type of School	Number of Schools	Number of Pupils
Primary	698	88,594
Secondary	23	6,337
Technical	1	188
Teacher Training	5	494

Medical/Social Welfare

The nomadic herdsmen have been the most seriously hit by the drought: most have lost all of their herds and have been forced to migrate to southern towns and into Nigeria where they have created an extremely serious refugee problem. Mortality, due to famine and disease, and large-scale migration out of the country have reduced the population by almost 25%. Lowered resistance has led to epidemics of measles, meningitis and cerebral malaria - particularly among the infant population. With 75% of the population now destitute, and an inadequate transport system, the prospect of a famine disaster this year is looking increasingly likely.

Between 1965-70 life expectancy for both sexes was estimated at 41 years.

FAMILY PLANNING SITUATION

Previously there were no organised family planning activities in Niger. Now, a small family planning centre has been set up in Niamey with the consent of the Government, and the particular approval of the Minister of Health and the Mayor of Niamey. The centre has been created by the American Organisation for Rehabilitation through Training (ORT); it will be linked to the Maternite in Niamey in a wing which will be constructed through funds made available by the US Ambassador. The centre will be called the Centre de Santé Familiale.

Attitudes

Although there has been no official change in policy towards family planning on the part of the Government of Niger, considerable changes in attitudes have become apparent on the part of numerous professionals and officials. Despite philosophical reticence towards the acceptance of family planning governmental authorities have shown cooperation with the ORT MCH-FP Project. The decennial health plan of Niger places high priority on the problem of improving the quality of life for mothers and children by improving and extending MCH activities.

Legislation

The French 1920 anti-contraceptive law is still on the statute books. Abortion is permitted to save the life of the mother.

FAMILY PLANNING SERVICES are provided by the Organisation for Rehabilitation through Training (ORT). ORT started with a pilot project in the Arrondissement of Say and have now extended the project to Niamey where a family planning centre has been set up, linked to the Maternité.

It is planned that the project will accomplish the following:

1. Study local situations and problems and gather baseline data;
2. Attempt to modify and improve health services in the area;
3. Introduce and extend simple basic maternal and child health/child spacing principles;
4. Provide on-the-job refresher training to all existent personnel in basic maternal and child health/child spacing;
5. Provide appropriate supervision and working guidelines;
6. Develop effective maternal and child health/child spacing teaching methods, training aids for health personnel and for health education of the population;
7. Assist in training village volunteer health workers, social center workers, village development workers, teachers and indigenous midwives, in order to provide as broad coverage as possible for maternal and child health/child spacing care;
8. Prepare local personnel to assume all training functions.

Information/Education

For the first time, a course was given to the senior students of the National nursing School in Niamey on family planning and contraceptive methods.

Progress has been made to establish the 'Atelier Inter-Services' (Interdisciplinary Studio) which would bring together and make available to all health groups health education material including FamilyPlanning/ Education material.

Training

The first training programme for village health workers (secouristes and matronnes) is scheduled for January and the ORT staff is participating in preparing the programme and materials 15 secouristes and 7 matronnes have been selected for the programme. A training manual is being elaborated.

Research/Evaluation

A survey of 67 women acceptors attending the centre has been completed. It showed that 6 were married at the age of 10 or less, 26 were married between 17 and 20, and 6 between 21 and 25. There was no reply from three. 14 women had their first pregnancy between 14 and 16, 40 between 17 and 20, 8 between 21 and 25. There was no reply from five. 22 of the husbands of these women were polygamists and had between them 214 children.

Two surveys relating to family planning activities have been initiated. These surveys seek to document current practices and needs in Niger. A questionnaire has been sent out to all physicians in Niger in order to elicit information regarding the types of problems for which they are prescribing contraception on medical grounds. A survey is being carried out on 1,000 women to acquire pregnancy histories and information relating to child spacing, child mortality and morbidity.

SOURCES

Africa Contemporary Record 1972-73.

American ORT Federation Report of Activities.

Situation Report

Distribution *

BEST COPY AVAILABLE

Country REPUBLIC OF VIETNAM Date AUGUST 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			173,809 sq. kms.[1]
Total Population	9,766,000 (1953)	14,100,000	18,800,000 (1971)[2]
Population Growth Rate		3.9%	2.6% (1963-71)[1]
Birth Rate	38	35	37.5 per 1000 (1965-70)[1]
Death Rate	10.5	18	16.1 per 1000 (1965-70)[1]
Infant Mortality Rate			36.7 per 1000 (1965)[2]
Women in Fertile Age Group (15-44 yrs)			n.a.
Population Under 15			n.a.
Urban Population			4,317,000 (1970)[1]
GNP Per Capita		US$91 (1958)	US$230 (1971)[3]
GNP Per Capita Growth Rate			-0.7% (1965-71)[3]
Population Per Doctor			12,236 (1970)[1]
Population Per Hospital Bed			478 (1970)[1]

1 UN Statistical Yearbook 1972.

2 UN Demographic Yearbook 1972.

3 World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

IPP 610

BEST COPY AVAILABLE

GENERAL BACKGROUND

Vietnam came under French colonial rule in the late 19th century and together with Laos and Cambodia formed the Indochinese Union. The Japanese took over the Government in 1945. The Geneva Agreement of 1954 partitioned the country into two military zones, with the Republic of Vietnam south of the 17° s latitude. Since then the country suffered from civil war and a settlement was reached in 1973.

Legislative authority is vested in the National Assembly, consisting of a House of Representatives and a Senate. The capital is Saigon with a population of 1,681,839, which is expected to double in 10 years. Over 85% of South Vietnam's urban population live in Saigon. Density is 108 persons per sq. km. The average family household comprises 6.2 people.

Ethnic Groups

There are significant minorities of Cambodians and Chinese and some million refugees from the North. The highlanders are racially different from Lowland Vietnamese, and number some 677,000.

Language

Vietnamese. French is still used for higher education and there is a growing use of English, particularly for medical education.

Religion

Taoism (ancestor worship) is the religion of most of the population. Buddhism is widespread and there are almost two million Roman Catholics. There are also important sects such as Cao-Daism and Hoa-Hao.

Economy

The economy is dominated by agriculture. Four-fifths of arable land is under rice. Maize, manioc and sweet potatoes are grown as a substitute for rice. Rubber is the principal industrial crop. Fishing provides a valuable supplement to the diet. Industry is confined to food-processing, light machinery assembly, etc. As a result of the war situation, the economy declined. Formerly the world's third largest exporter of rice, Vietnam is now a rice importer.

Communications/Education

There are several radio stations and 2,200,000 radio receivers were in use in 1970, i.e. 73 per 1,000 inhabitants. Television was introduced early in 1966 and in 1970 there were 450,800 television receivers. 56 daily newspapers had a circulation of 1,221,000 in 1970 and in 1971, there were 252 cinemas with a seating capacity of 134,800 and annual attendances of 62.1 million. 6,532 primary schools, half of them privately owned, 661 secondary schools and 4 universities provided educational facilities in 1967.

Medical/Social Welfare

Hospital accommodation in 1970 was 38,334 beds. In addition there were 615 village maternity clinics. Health services were provided through 1,498 physicians, 152 dentists, 1,577 pharmacists, 3,786 nurses and 3,549 midwives in 1970. There is a pension scheme for state workers. Expectation of life at birth was 50 years (1965-70).

FAMILY PLANNING SITUATION

Although the Ministry of Health provided family planning services through its MCH programme since 1968, it was only in 1973 that the Government officially recognised the population problem and created a National Council on Population and a Permanent Secretariat to coordinate activities of six committees. These are committees on Research, Planning and Evaluation; Training and Supervision; Information, Education and Communication; Statistics Survey; Family Health; and Social Affairs. The Prime Minister heads both the Council and the Secretariat and the Minister of Health is the Secretary General. Eight Ministers serve as members of the Council. The Government has signed the UN Declaration on Population in 1973.

The Family Happiness Protection Association was established in 1968, and received the charter of approval from the Ministry of Interior the same year. In 1973, the Association changed its name to Planned Parenthood Association of Vietnam. The Association also became IPPF member in 1973.

Legislation

The French anti-contraceptive law of 1920 is still on the statute books. Despite this, contraceptives are imported and only occasionally confiscated. Abortion is illegal except to save the life of mother or in case of rape.

FAMILY PLANNING ASSOCIATION

Address

Planned Parenthood Association of Vietnam,
P.O.Box 2948,
Saigon,
Republic of Vietnam.

Officials

Chairman:	Dr. Tran Nguon Phieu
Vice Chairman:	Dr. Au Uyen
Secretary General:	Dr. Pham Tu Chinh
Deputy Secretary:	Miss Tong Thi Ai
Cashier:	Dr. Nguyen Thi Ngoc Thuy
Commissioner for Social Service:	Miss Nguyen Thi An
Commissioner for Propaganda and Campaign:	Mrs. Nguyen Van Bong
Financial Auditor:	Mr. Pham Gia Thinh

Services

A chapter was formed in the An-Giang Province and the Association is operating a clinic at a Buddhist temple. In 1973, 4,119 new acceptors were recruited at this clinic. Of these, 3,614 accepted orals, 29 injectables and 476 conventional contraceptives.

Information and Education

The Planned Parenthood Association concentrates on information and motivation activities to assist in the government's family planning services. The Association holds seminars on family planning and organizes lectures to students at the 2 universities. Much of the information and education effort is also directed at the influential private sector as Material Broadcasting System, Women's Clubs etc. The Association also has a bi-monthly newsletter for its members and associates.

Training

The Association assists the Government in the training of social workers, nurses and fieldworkers from the Confederation of Labour Unions. In 1973 197 family planning personnel were provided training of which 182 were given family planning education training.

GOVERNMENT

Officials

Director-General of Health:	Dr. Truong-Minh-Cac (also Secretary General, Permanent Secretariat of the National Council on Population)
Director of Maternal and Child Health:	Dr. Ngo Yen-Tuan-Phong (also Secretary General, Family Health Committee of Ministry of Health)

History

The Government was slow to initiate its family planning programme due to the handicap of the war and the prevalance of the 1920 French laws against contraception. In 1967, a Committee for Research in Family Planning was established within the Ministry of Health by a decree of the Minister. In 1972, the Committee's name was changed to the Committee for the Protection of Family Health. Inspite of the legal constraints, the Minister of Health was able to open family planning centres in each province and in populous districts. It was only in March 1973 that the population problem was officially recognised and a National Council on Population and a Permanent Secretariat were established in April 1973.

Changes have been made in the eligibility criteria for provision of contraceptives which is now laid down as being available to women with one or more living children. A decree signed in April 1973 also now limits the family allowance for military families to no more than four children. This limitation will probably be extended to other civil servants as well.

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Target

The Government has set a target of reducing the natural increase rate from approximately 3% in 1973 to around 2% in 1980.

Services

In 1973, family planning services were provided through 98 clinic premises to 23,700 new acceptors and 99,914 continuing acceptors. Of the new acceptors, 15,200 chose orals, 7,000 IUD and 1,500 condoms. The target is to establish 200 new family planning clinics in urban and rural districts by 1976 and include 53 new clinics at markets and transit centres in municipal areas. It is also planned to equip 500 private physicians' clinics and 700 private maternity centres by 1975 to provide family planning services.

Information and Education

Dissemination of family planning educational information to the public was begun during 1971. Due to the obsolete law of 1920 prohibiting dissemination of contraceptive materials, information and education are provided on a small scale through "mothers' classes" at maternal and child health centres and family planning clinics, and through seminars at various interested organisations. A second family planning motivational film was produced in 1973. Film slides, demonstration kits and other information and education materials are under preparation.

Training

During 1973, 61 doctors, 9 midwife tutors, 70 midwives, 23 nurses, and 23 assistant midwives received in-country training, which consists mostly of family planning techniques for doctors and family planning and motivational techniques, recording and reporting procedures and clinic management for midwives and nurses. Most training was conducted at the National Institute of Public Health and at the MCH Central Office. Basic information on population and family planning was provided to students in midwifery, nursing, and public health. The National School of Administratio has started a programme of Population Studies with about 20 students.

Research

The Ministry of Health has completed a morbidity survey and a health service survey in An-Giang province and is currently conducting a fertility and KAP sample survey, an acceptor record and follow-up programme and a health manpower study. The National Institute of Statistics has conducted a household survey on special topics, including population data in 11 cities.

ASSISTANCE

IPPF - provides assistance to the Planned Parenthood Association.

UNICEF & WHO - provide assistance primarily for clinical services to strengthen the health services infrastructure.

USAID - has provided training, technical, commodity and financial assistance to the government programme.

Population Council - has funded observations for officials, and provided contraceptives.

Church World Services through Vietnam Christian Service provides supplies and staff.

Asia Foundation - has provided funds for information education and communication projects.

CARE - provided funds for printing booklets to the PPAVN.

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Far East and Australasia 1974. Europa Publications. London, U.K.

East Asia Review 1973 - Studies in Family Planning, Population Council Vol. 5 No. 5.

Population Program Assistance - 1972, USAID.

Report of the Third IGCC meeting of Senior Government Officials held at Kathmandu on 18th-19th December 1973.

Situation Report

Distribution *

SEP 3 1974

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Country SENEGAL

Date JUNE 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		196,192 sq. kms.
Total Population		4,122,000 (1972)[1]
Population Growth Rate		2.4% (1963-72)[1]
Birth Rate		49.6 per 1,000 (1970)[1]
Death Rate		14.0 per 1,000 (1970)[1]
Infant Mortality Rate		69.6 per 1,000 (1970)[1]
Women in Fertile Age Group (15-44 yrs)		733,200 (1961)
Population Under 15		42%[2]
Urban Population		39.5% (1970)[3]
GNP Per Capita		US$250 (1971)[4]
GNP Per Capita Growth Rate		-1.2% (1965-71)[4]
Population Per Doctor		14,943 (1970)[3]
Population Per Hospital Bed		728 (1970)[3]

1 UN Demographic Yearbook 1972.

2 1973 World Population Data Sheet, Population Reference Bureau, Inc.

3 UN Statistical Yearbook 1972

4 World Bank Atlas 1973

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The colonial territory of Senegal, with French Soudan, formed the federation of Mali in 1959. The break up of the federation brought the separate independence of Senegal in 1960. Léopold Senghor became President of the new republic and has held this post to the present time.

Senegal is the most westerly state of Africa; its southern border is first with Guinea-Bissau and then with the Republic of Guinea. In the east the border is with Mali, and in the north with Mauritania, along the Senegal River. The Gambia is surrounded by Senegal, but for access to the sea at the mouth of the River Gambia.

The capital, Dakar has a population of 650,000. Kaolack, Thies, Rufisque and Saint-Louis all have populations of over 50,000; the urban population is growing at the rate of 1.6% (1965-70).

A demographic survey is being carried out.

Ethnic Groups

Principal tribes are Ouolofs, Bambaras, Mandingos, Peuls and Toucouleurs.

Language

French is the official language. Wolof and Toucouleur are the most widely spoken local languages.

Religion

80% Moslem, 10% Christian (mostly Roman Catholic) 10% traditional beliefs.

Economy

Senegal is one of the most advanced of the economies of former French West Africa. Agriculture accounts for almost one-third of gross domestic product and provides employment for 70% of the economically active population. However, this sector remains essentially monocultural: the overwhelmingly important cash crop is the groundnut, which is grown over half the total cultivated area. It provides 75% of all export earnings. The Government is attempting to reduce dependence on groundnuts by diversifying cash and food crops, in particular by expanding cotton, rice, sugar and market garden produce.

The mining sector contributes only about 5% to the gross domestic product and is dominated by phosphate production.

The industrial manufacturing sector is the most developed in Francophone West Africa.

China and Senegal are to boost their cooperation in agriculture with an agreement which is said to involve agricultural development projects worth 11,000 million CFA francs to Senegal.

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Communications/Education

Radioffusion du Senegal broadcasts in French, four local languages and in Arabic, English and Portuguese.

Newspapers	5 copies per 1000 (1971)
Radio	68 sets per 1000 (1971)
Cinema	10 seats per 1000 (1965)
Television	0.4 sets per 1000 (1971)

The road network is good. Dakar, the largest port in West Africa serves both Senegal and Mauritania.

There is compulsory education for all children between the ages of six and fourteen years. Nearly 50% of school-age children are provided for. Since 1971 those who matriculate from secondary school are guided towards a particular profession in line with the country's needs and the provisions of the development plan; all levels of education have a practical bias.

There is a university at Dakar. The university is run on the principle of 'négritude' and about half the lecturers are African.

Medical/Social Welfare

Social services include a state medical service and some family and maternity benefits for workers. The University of Dakar has a Medical School (associated with the Hospital le Dantée).

A new Family Code was adopted during 1972 to take effect on January 1973. It restricts the period of engagement to one year, whereas previously in certain regions of the country a girl's engagement could take place on the day of her birth. It also stipulates that a girl should consent to her engagement. Polygamy is not forbidden but monogamy is encouraged in the Code. The maximum number of wives a man may have is four. The Code recognises religious weddings but couples must register their marriages officially. Unilateral repudiation as a means of divorce is disallowed. Ten causes for divorce are recognised and codified,including divorce by mutual consent and on the grounds of incompatibility. The Code sets out three matrimonial systems: separation of goods (the normal system in Koranic Law) the dotal system and the community system. This new Code provoked much discussion among Senegalese of all religions.

Life expectancy for both sexes is 41 years.

FAMILY PLANNING SITUATION

The first organised family planning service in Senegal was provided by the Mouvement Senegalais de Planning Familial which was registered in 1970, but closed down in 1971.

A new family planning association was established in April, 1974; it is to be called the Association pour le Bien-Etre de la Famille. This was announced by the Minister of Health, M Coumba N'Doffène Diouf at a workshop on Population Problems and the Mass Media in Sub-Saharan African, held in Dakar under CESI sponsorship.

Attitudes

The Government's attitude was, in the past, one of cautious approval. That the Minister of Health himself announced the establishment of the new association is an indication of the change in the Government's attitude towards the provision of family planning advice and services.

Legislation

The 1920 French anti-contraceptive law is still on the books, but is not enforced. A Government Committee will study the whole subject of family planning, including the legal aspects.

FAMILY PLANNING ASSOCIATION

History

Madame Phebean Whest-Allegre was the President of the Mouvement Senegalais de Planning Familial. She began by advising wives and husbands of large families on the means of contraception and inserted the first IUD in February 1966. By January 1970 more than 1,000 IUDs had been inserted. In the first three months of 1970, 1,287 family planning patients plus 213 infertility patients were seen in the clinic.

Address

The new FPA is called the Association pour le Bien-etre de la Famille; as yet it does not have any official headquarters.

Personnel

President:	Mme Caroline Diop
Vice-President:	Mme Tamara Diallo
Secretary-General:	Mme Germaine Diop
Assistant Secretary General:	Prof. P Correa
Treasurer:	Mr. Seynabou N'Daw
Assistant Treasurer:	Mme. Lena Gueye

The FPA's constitution has yet to be drawn up and financial support has to be found. IPPF has offered assistance once a programme and budget have been formulated.

Assistance

UNFPA has provided an expert to assist with a sample survey covering the structure of the population, internal migration trends, and fertility trends.

Pathfinder Fund helped set up, and for several years supported, a private family planning clinic in Dakar and provided support for a training centre for paramedical personnel.

Situation Report

Distribution *

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Country THAILAND Date JULY 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			514,000 sq. kms.
Total Population	19,635,000	26,388,000	36,286,000 (1972)[1]
Population Growth Rate	1.9%	3.0%	3.1% (1963-72)[1]
Birth Rate	46	34.7	42.8 per 1,000 (1968-70)[1]
Death Rate	20	8.4	10.4 per 1,000 (1968-70)[1]
Infant Mortality Rate			25.5 per 1,000 (1970)[1]
Women in Fertile Age Group (15-44 yrs)		5,600,539[2]	8,100,000 (1972)[3]
Population Under 15			43%[4]
Urban Population			14.8[5]
GNP Per Capita			US$210 (1971)[6]
GNP Per Capita Growth Rate			4.7% (1965-70)[6]
Population Per Doctor			7,971 (1970)[7]
Population Per Hospital Bed			843 (1970)[7]

1 UN Demographic Yearbook 1972.
2 UN Demography Yearbook 1970.
3 Population and Family Planning Programs: A Factbook, Population Council Reports on Population/Family Planning, September 1973.
4 Population Reference Bureau Data Sheet 1973.
5 UN Statistical Monthly Bulletin, November 1971.
6 World Bank Atlas 1973.
7 UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

Thailand is situated in the South East Asia mainland and extends far south down the narrow Kra pennisula to Malaya. Thailand is one of the very few Asian countries without a colonial history. It is a constitutional monarchy. The King is Head of State and appoints the executive authority and the Council of Ministers.

Bangkok is the capital of Thailand and apart from the Bangkok-Thonburi urban complex, Chiengmai in the north is the only other town with more than 50,000 population in 1960. Population density is 71 per square kilometre.

Ethnic

Majority of the indigenious population belong to the Thai ethnic group which includes Shan and Lao. 12% of the population is of Chinese descent, most of whom are Thai nationals. There are also minorities of hilltribe people in the north and east, and these are more akin to the Lao population in language and custom, than to those in central Thailand. There is also a minority of Malay and Cambodians.

Languages

Thai. English is the second language in schools. There are several hill tribal languages.

Religions

Majority are Buddhists. There are also Muslim and Christian minorities.

Economy

Agriculture contributes 30% to gross domestic product, involving 80% of the working population. The majority of farmers are owner farmers rather than tenant farmers. About 20% of the total area of the country is under cultivation, and much of the remainder is under government-owned forest. Thailand is the world's largest rice exporter (over 1.5 million tons a year). Maize production and exports have risen steeply in the last few years in response to government encouragement. Forestry and fisheries are important elements in the economy. The economy is organised along free enterprise lines with the private sector contributing about 85% of GNP. Main trade partners are Japan, Netherlands, U.S., U.K. and Hong Kong.

Communications/Education

There are several radio stations broadcasting in many languages. In 1971 there were 2,800,000 radio sets and 241,000 TV receivers in use. In 1970, there were 35 daily newspapers, with a circulation of 849,000 i.e. 24 newspapers per 1000 population. There were also 32 non dailies. In 1970, there were 565 cinemas.

Education between the ages of 7 and 15 is compulsory. At present, however only 70% of children in this age group are in school. A smaller proportion (53%) of the children aged 7-18 are in school now than there were in 1960 (56%). The literacy rate for those over 10 is 70.8%. Expansion of rural education has been an important project and for this reason the Ministry of Education set up the Regional Education Development Broadcasting. An Education Broadcasting service was started in 1954. There are 7 universities.

Medical

Life expectancy for those born in 1960 was 53.6 years for males and 58.7 years for females. Government employees enjoy pension rights and sickness benefit. It is proposed to introduce a wider scheme under the Development Plans. In 1970, there were 542 hospitals, 4,313 physicians, 1,155 pharmacists, 5,171 nurses and 9,974 midwives providing medical services.

FAMILY PLANNING SITUATION

In 1970, the Government formally announced a national population policy and a national family planning project was created within the Ministry of Public Health. An Inter-Ministry Coordinating Committee exists with Minister of Public Health as Chairman. Since 1971, family planning with MCH was placed first in the list of priorities for the third development plan. Planned Parenthood Association of Thailand was formed in 1970, and became IPPF member in 1971.

Legislation

There is no anti-contraceptive legislation. Abortion is illegal except to safeguard the woman's health or where the woman is pregnant as a consequence of a criminal offence.

FAMILY PLANNING ASSOCIATION

Address

Planned Parenthood Association of Thailand,
P.O.Box 1658,
Bangkok,
Thailand.

Cables: PATTAAI, Bangkok.

Officials

President:	General Netr Khemayodhin
1st Vice President:	Khunying Ubol Huvanandana
Hon. Secretary General:	Meechai Viravaidya
Executive Director:	Dr. Pisut Utamote
Chief of Logistics Division:	M C Ajja Chakrabhand
Chief of Field Operations Division:	Mrs. Pantipa Vajropala
Head of Finance and Accounts:	Mrs. Pranon Yuwanona
Head of Information and Education:	Mr. Mongkol Yimprayoon

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History

The Planned Parenthood Association of Thailand (PPAT) was formed in April 1970. The Association established itself with the facilities provided by the Red Cross at Chulalongkorn Hospital. The basic objective of the PPAT is to support the development of an effective family planning programme for Thailand.

The role of the voluntary sector in Thailand's population programme and of the Association in particular, became more sharply defined in late 1971 and throughout 1972. With the translation by the Government of its Five Year Plan into concrete projects for bilateral funding, the Association's activities now focus on providing an effective and imaginative public information campaign linked up with provincial training schemes for local leaders. The Government plans for a large scale commercial distribution of condoms, and the Association intends to expand in areas not reached by the Government.

Services

The Association has recently opened its first clinic in Chiengmai and registered 14,512 new acceptors - of these 1,100 accepted IUD, 4,300 oral, 9,092 Depo Provera and 20 sterilisation.

Information and Education

The Association since 1972, has an information and education officer. The on-going programmes include the publications of the PPAT magazine, production of motivational materials as stickers and posters and publication of leaflets on population, family planning and contraceptives.

Some new approaches tried were the production of consumer goods for sale - t-shirts, purses, cards and balloons. Song contests, folk media seminars, radio programmes and folk media festivals were the major highlights of the educational programmes. Staff and volunteers were invited to participate in educational institutions and people were also reached through exhibitions.

Training

Training is integrated into projects and is not generally carried out in isolation. In 1973, 27 associations, 80 other agencies and 1,198 government personnel were given family planning education training. 27 association personnel were provided training in planning and programme administration.

Special Project

A commercial distribution of contraceptive project has been started since 1973. A project director has been appointed. This project has been successfully tried in factories, land resettlements and urban slums. The project now envisages motivating teachers by using the existing infrastructure of the teachers' organisations and by utilising Ministry of Health outlets within the teachers' organisations, for distribution of contraceptives.

Other Projects

Several family planning projects are being funded by IPPF through the PPAT. These are at Chulalongkorn Hospital, McCormick Hospital, and the Thai Medical Women's Association.

McCormick Hospital was one of the first institutions in the world to start trials of Depo-Provera (longterm injectables). The project under Dr. McDaniel's supervision is one of the largest in the world. The Hospital now has 2 clinics and 1 mobile unit covering 35 rural areas. 12,862 new and 23,061 old acceptors were recorded in 1973. Of the new acceptors 9,673 chose injectables, 2,171 orals, 367 IUD, 641 female sterilisation and 10 vasectomies. Two nurse midwives from Sarawak and 16 government midwives from South Vietnam were also trained at the Hospital.

GOVERNMENT

Address

National Family Planning Programme,
Family Health Division,
Ministry of Public Health,
Devas Palace,
Bangkok,
Thailand

Officials

Under Secretary of the Ministry of Public Health: Dr. Manasvi Unhanand

History

Developments towards setting up a population policy were initiated in 1958 with the recommendations of the World Bank Economic Mission to Thailand. In 1963, a national seminar on population problems in Thailand was held under the auspices of the Thai Research Council. As a result of this seminar the Cabinet approved of the setting up of a family growth study in the Pho-Thaveau District, organised by the National Research Council and the Population Council, U.S.A. Since then there has been a gradual increase in government involvement and in March 1970, a population policy was approved by the Cabinet. An Inter-Ministry Coordinating Committee was appointed with the Minister of Public Health as Chairman. The Ministry of Public Health was authorized to implement and operate the Family Health Project on a nation-wide scale.

1971 was the first full year of operation for the programme. The important development during 1971, was the inclusion of a successful family planning programme as one of the major objectives of the Third National Social and Economic Development Plan (1972-76). The Government in 1972 also signed an agreement with UNFPA for providing a $3 million fund over a period of 3 years. The new government, established after the October 1973 revolution, has in 1974 set up a National Family Planning Committee. The President of the PPAT is a member of the Committee. The Government has also signed the UN Declaration on Population.

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ORGANISATION

Tha National Family Planning Program is integrated into the Family Health Division of the Department of Medical and Health Services. All international negotiations are conducted through the Office of the Under Secretary, and all day-to-day activities are supervised by the Director of the Family Health Division, under the authority of the Director General of the Department.

The objectives of the Project are:

a) to reduce the population growth rate from over 3% to 2.5% by the end of 1976;
b) to inform and motivate eligible women about concepts of family planning and to make services readily available throughout the country;
c) to integrate family planning activities with overall maternal and child health services, and thus to mutually strengthen both programmes, leading to improvements in the health of mother and children.

Services

Family planning services are integrated into existing health network under the Ministry of Public Health. This comprises of 71 provincial health offices which have 230 first class[1] and 1,808 second class health centres[2] and 1,728 midwifery centres.[3] In addition, there are 3 regional MCH centres. Under the Department of Medical Services there are 84 Provincial and 3 Bangkok Hospitals. University teaching hospitals in Bangkok and Chengmai participate in the national programme. Health services are also provided by the Ministry of Defence and other governmental agencies.

There is also a large number of sales of contraceptives over the counter without a doctor's prescription. On an average 250,000 cycles of pills are sold every month in this manner, primarily in urban areas.

The number of acceptors since 1971 is as follows:

	IUD	Pill	Sterilisation	Total
1971	86,000	294,600	23,500	404,200
1972	89,100	327,400	32,100	448,660
1973	93,600	268,310	43,276	411,186

The 1973 total figure indicates a 10% drop from the 1972 figure. There were 18% fewer pill acceptors and IUD acceptors rose slightly, while the number of female sterilisations increased considerably. The decrease is considered to be due to the change in early 1972 in the brand of oral contraceptives offered in the national programme (from Ovral to Norlestrin).

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1. Staff: M.D., Nurse, Auxiliary Midwife, Sanitarian.
2. Staff: Auxiliary Midwife, Sanitarian.
3. Staff: Auxiliary Midwife.

Two other factors contributing to the decline is the lack of adequate follow-up by the Ministry's rural staff for women experiencing side effects, and the spread of adverse rumours about the quality of government services. A comparison of the current fertility of Thai women with their cumulative fertility indicates that "a decline in marital fertility has been under way recently among urban women, especially those residing in Bangkok - Thonburi"[1]. By contrast, the fertility of rural Thai women appears to be as high or nearly as high as it was a generation ago.

The Ministry of Public Health since 1970 has initiated projects of permitting trained government auxiliary midwives to prescribe oral contraceptives without a physician's examination.

Motorcycles provided by UNFPA for use by government midwives began to arrive in 1973 and is expected to increase the mobility of midwives throughout the country. A pilot project to train nurse-midwives to conduct gynaecological examinations and to insert IUDs was begun in 1973. An expanded sterilisation project and the accelerated development of MCH and family planning services project in four-provinces have been initiated with the assistance of UNFPA.

Plans are centered on increasing the number of new acceptors and determining the factors accounting for the recent problems with the oral contraceptives. It is planned to introduce condoms and injectables into the health centres. Attempts are also being made to introduce the concept of post partum family planning in community health centres. Attention is being given to private-sector participation in family planning activities. Plans are underway for large scale commercial distribution of condoms.

Since 1966, Thailand has been a participant in the Population Council's International Post-Partum Programme which covers 4 hospitals in Bangkok, 8 provincial hospitals and 3 MCH centres. In 1973 the International Post-Partum Programme experimented with the effects of providing incentives to health personnel in the hospitals taking part in the programme, giving more credit for sterilisations, IUD insertions and pill acceptances in descending order. The incentives have thus so far had the expected result of increasing the number of acceptors in the order mentioned, but only among the hospitals that had relatively fewer acceptors prior to the inception of the incentive plan.

Information and Education

Inter-personal communication is the main basis of the Government information and education programme. Use is also made of radio, television and cinema. Printed materials are distributed through health channels, and villages reached through posters and pamphlets.

A government mass communications pilot project conducted in 3 north eastern districts from 1971-72 lead to an almost 100% increase in the number of new acceptors. Mobile information teams were found to be very successful.

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1. Kivodel and Prachuabmoh, Studies in Family Planning, May 1973.

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In 1973, a nationwide media campaign was begun with support from the UNFPA. The national programme with assistance from UN Development Support Communication Services (DSCS) lays emphasis on the training of existing health and family planning personnel in techniques of individual and group communication, development of regional mobile information and training teams and preparation of mass media campaigns. The Communications Unit with DSCS is developing a variety of promotional aids for village audiences. Special training has been conducted for leaders of the regional training programmes and task forces. Mobile Units are used for these activities. It is hoped to evaluate all the information campaigns.

The Adult Literacy Division of the Ministry of Education has a population education element in its literacy programmes. The Ministry of Education is working on a curriculum to be integrated into school syllabus.

Training

During 1968-72, 599 doctors, 1,060 nurses and 3,968 auxiliary midwives received training in family planning. Refresher courses have been organised for Ministry personnel since 1973. The communication programme emphasises the training of health personnel in communications techniques to support the existing network of person-to-person communication. Regional and provincial level task forces are being established to expand training throughout the country. In 1973, 7,978 family planning personnel were trained - 7,778 in contraception and 200 in abortion and sterilisation.

Research and Evaluation

In addition to collecting and processing routine service statistics, the Research and Evaluation Unit conducted several special studies. A survey among health personnel aimed at learning more about the decline in new pill acceptors was carried out. The Institute for Population and Social Research and the Faculty of Public Health of Mahidol University co-operated with the National Family Planning Programme on a number of important projects. Results of the Field Worker Evaluation Project indicated that fieldworkers would be potentially valuable additions to the programme and that volunteer workers might work especially well. A study to assess the acceptability of the condom among rural couples found the condom to be reasonably popular considering the limited publicity and poor distribution system in the study area. A study, underway, is evaluating various ways of introducing changes in the attitudes towards family planning of traditional midwives.

Institute of Population Studies at the Chulalongkorn University continued to analyse the results of the longitudinal study of social, economic and demographic change in Thailand. Interviewing was completed for a baseline survey carried out in conjunction with UNFPA - supported 'accelerated development of maternal and child health and family planning services' project. Interviewing was also carried out for the second round follow-up of Copper T with 200 acceptors. The final analysis of the 1971 follow-up survey was completed during 1973. Continuation rates for the pill were 79% at 6 months, 69% at 12 months and 55% at 24 months. For the IUD the corresponding rates were 85%, 76% and 65% respectively.

Future research studies planned are an abortion surveillance project, a study of health professionals' attitudes towards abortion, and several small studies to investigate possible health consequences of induced abortion.

Assistance

IPPF - provides an annual grant to the Association, and through the Association to McCormick Hospital, Chulalongkorn Hospital and Thai Women's Medical Association.

UNFPA - signed an agreement with the Government in 1972, to provide US$3 million worth of assistance for a period of 3 years covering 6 major projects- fieldworkers project,communication development, training for medical personnel, expanded sterilisation project, accelerated development of MCH&FP services and a feasibility study and faculty training at Mahidol University.

UNICEF - is providing assistance for family planning as part of its MCH clinic services for training midwives and for equipment and supplies including vehicles.

WHO - is providing family planning as part of its MCH clinic services.

ECAFE - headquarters are located in Bangkok. It assists with organising seminars and workshops.

USAID - provided US$1.8 million worth of oral contraceptives, vehicles and medical equipment in 1973.

Denmark - provided funds for the headquarters building of the Family Health Division.

IDRC - has provided funds for two years to Mahidol University to make a study of use of traditional midwives in family planning and MCH programme.

Ford Foundation - has given support, advised on training programmes and has provided a population advisor and funds for short-term technical consultants.

Family Planning International Assistance will provide $7,000 in 1974 for providing family planning information and services to tribal areas in Thailand.

Population Council - has played a major role in financing surveys and research projects and in preparing and providing overall support to the national programme. It provided assistance to the family planning project at Photharam. It granted funds for research and training to Chulalongkorn University. 14 hospitals and maternal and child health centres are participating in the Councils' International Post Partum Programme. The Council has also provided an advisor to assist the National Research Council in studying the effects of population growth on economic planning. In 1973, US$550,000 were provided for research and evaluation.

OXFAM - has provided salaries of staff at the family planning clinic of the Women's Hospital, Bangkok.

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Situation Report

Distribution *

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Country TRINIDAD & TOBAGO Date AUGUST 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			5,128 sq. kms.
Total Population	632,000 est.	827,957	945,200 (1970)
Population Growth Rate		2.8%	1.4% (1963-72)
Birth Rate	37.7 (1950-54)	39.1	23.9 per 1,000 (1971)
Death Rate	11.3 (1950-54)	7.9	6.8 per 1,000 (1971)
Infant Mortality Rate	74.8 (1950-54)	45.4	34.8 per 1,000 (1971)
Women in Fertile Age Group (15-44 yrs)			208,650 (1968)[1]
Population Under 15		43%[2]	41%[2]
Urban Population		39.5%[3]	50.3% (1970)[3]
GNP Per Capita			US$940 (1971)[4]
GNP Per Capita Growth Rate			2.1% (1960-71)[4]
Population Per Doctor			2,313 (1968)[5]
Population Per Hospital Bed			213 (1968)[5]

Unless otherwise stated, the source for the table is the United Nations Demographic Year Book.

1. Annual Report, 1970, of the National Family Planning Programme of Trinidad & Tobago.
2. 1973 World Population Data Sheet - Population Reference Bureau Inc.
3. United Nations Monthly Bulletin of Statistics, November 1971.
4. World Bank Atlas 1973.
5. United Nations Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

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GENERAL BACKGROUND

The Caribbean islands of Trinidad and Tobago became an independent state within the Commonwealth in 1962, and in 1967 joined the Organisation of American States.

Population density is high; in 1970 it was 184 persons per square kilometre. Unemployment and underemployment are serious problems, in particular among young people in urban areas. Unemployment is estimated at about 15% of the total labour force.

Ethnic

The population is of mixed ethnic origin with Negro and East Indian groups predominant.

Language

English is the official language. A French patois, Spanish, and some Hindi dialects are also spoken among older people.

Religion

Approximately 35% of the population are Roman Catholic, 36% are Protestants, and 23% are Hindu. There is a small Muslim community.

Economy

The economy is dependent on oil and oil-products which in 1968 accounted for at least 80% of total foreign exchange earnings. Other economic activities include the production of natural asphalt, sugar, and citrus fruits, light industry and tourism. Composed with other Caribbean islands, Trinidad's industrial pace seems highly developed, with expanding local industry and international companies.

Under the Fice Year Development Plan, 1969-1973, the Government was seeking to diversify the economy, both within the agricultural sector and within industry. Non-traditional crops are being promoted and local industry is being stimulated to serve local and CARIFTA (the Caribbean Free Trade Association) markets.

Communications and Education

Internal communications are provided by an extensive and well-maintained road network. Port of Spain is the capital and chief port. The islands are served by inter-island and international shipping and air lines.

There are three daily newspapers and 12 other periodicals, one of which is a Chinese weekly. There are two radio and one television station. In 1971 there were approximately 287 radio and 44 television sets for every 1000 people. Broadcasts by Radio Trinidad reach the Windward and Leeward Islands.

Education is compulsory and free between the ages of five and 15 years. Many schools are run jointly by the state and religious bodies. In 1960 14% of the population of 15 years of age and over were illiterate.

Several Faculties of the University of the West Indies are in Trinidad.

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Medical and Social Welfare

The Government is responsible for the bulk of health services which are provided free. The majority of doctors work in Government service. Health centres are situated throughout the island but tend to be concentrated in the urban areas of the capital and of San Fernando, and in the oil and sugar producing areas.

Maternal and child health care is provided at about 100 centres.

A National Social Security System has been introduced to provide benefits for industrial injury, maternity, sickness, and old-age.

FAMILY PLANNING SITUATION

The Trinidad and Tobago National Family Planning Programme was established in 1967 and consists of three arms - the Ministry of Health, the private family planning association which is supported by the IPPF, and the Catholic Marriage Advisory Council. The three bodies are represented on the Government's Population Council which advises the Ministry of Health on all matters relating to the Family Planning Programme and which co-ordinates the activities of all bodies in the country concerned with family planning.

Attitudes

In the 1950s the activities of the then new and small private family planning association provoked criticism and controversy. However this declined with the establishment and spread of the Association's work and as it became obvious that the Government was interested in a family planning programme. The Government is now an active supporter of family planning.

There has been no significant Roman Catholic opposition. The Catholic Marriage Advisory Council has been providing marriage guidance for over 15 years.

Legislation

Abortion is illegal unless it is performed to save the life of the woman. An estimate of the number of illegal induced abortions says that one in five pregnancies ends in abortion.

The Family Planning Association has duty-free concessions on contraceptive supplies.

FAMILY PLANNING ASSOCIATION

History

Organised family planning services were first provided in 1956 when a small clinic was opened at Point Fortin. Several more clinics were opened in rural areas but lack of local support forced them to close. The movement was more successful after the opening of the first clinic in Port of Spain in 1959. The Trinidad and Tobago Family Planning Association was set up formally in 1961 and became a member of the IPPF.

Its clinical activities increased and in 1963 the Association took part in acceptability trials for foam tablets, sponsored by the IPPF in six countries. IUD trials were also held. Government financial assistance was received from 1968, as well as grants from USAID. Previously the Association had relied on the sale of contraceptives and on patients' fees for its funds.

SIDA and the Population Council have been donators of pills and loops.

The financial assistance enabled the Association to transform itself from a semi-professional voluntary organisation into a professional organisation with a full-time staff by the end of 1969. It plays an active role in the National Family Planning Programme.

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Address

The Family Planning Association of Trinidad and Tobago,
141 Henry Street,
Port of Spain,
Trinidad, W.I.

Officials

Chairman:	Mr. Emile Elias
Technical Adviser:	Mrs. Ian McBride
Executive Director:	Mr. Hubert DeFour
Information & Education:	Mrs. Monica Jones
Medical Director:	Dr. Joyce Yee

Services

The Association's clinical programme complements the services provided by the Government. During 1973, 6,201 new acceptors were registered at the Association's eight clinics. This total shows considerable increase in number of new acceptors over 1972:

	Total	IUD's	Oral Contraceptives	Other Methods
1972	4,654	286	2,888	1,480
1973	6,201(+33%)	173(-40%)	2,420(-16%)	3,608(+144%)

The decrease in the popularity of the IUD and orals implies that the FPA are recruiting a greater number of men and younger women.

The FPA continues to handle more than 50% of the total client load. For the country as a whole the percentage distribution of contraceptive users for 1973 are as follows:

Oral, Injectable	50%
Condom	32%
Withdrawal, rhythm	10%
IUD	4%
Sterilization	3%
Diaphragm	1%

At the end of 1973 the FPA clinic at Rio Claro was handed over to the Government. Pregnancy testing and cancer detection services are available in Association clinics, and male and female sterilisation services have been introduced in collaboration with the Government, and it is anticipated that 300 operations will be performed by the end of 1974.

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Information and Education

The information and education programme is supervised by a Public Relations Committee, comprising of volunteers and staff.

In 1973 the Association aimed particularly at reaching young adults and parents, and the industrial sector. 60% of the population are under 21 and there is a high illegitemacy rate among teenage mothers. Hence a two week seminar for teenagers was well supported. Plans were laid for the establishment of a discotheque near the "Teenage Clinic" in South Trinidad. There was a fair amount of controversy surrounding the supplying of contraceptives to teenagers without parental consent, causing an upsurge of interest and accelerating the entry of sex education into schools. Youth advisory centres are being developed.

A teachers seminar was also successful, as a number of teachers have formed an action committee to promote family life education in schools and to provide voluntary sex education.

A male motivation programme was launched through lectures and educational work in industry and through booths at agricultural fairs and exhibitions. Face to face field work activities are important, as is the mass media campaign.

Training

Personnel is trained locally and abroad, with collaboration between the FPA and the Government. During 1973 five fieldworkers, two nurses and 25 volunteers were trained for the Association, while 26 medical students, three nursing assistants, and seven male nurses received training for the Government. Other personnel to receive training were 50 school teachers and 1000 shop stewards.

GOVERNMENT

History

Government concern with the economic implications of population growth was evident after Independence in 1962. The Draft Second Five Year Plan (1964-1968) called for 'a better balance between birth rates and death rates'. In July 1967 the Government set up a policy committee to be called the Population Council of Trinidad and Tobago. It acts as an advisory body to the Minister of Health and is responsible for coordinating the overall development, implementation, evaluation and readjustment of the National Family Planning Programme. Among the Council's members are representatives of the Government sector, the Family Planning Association and the Catholic Marriage Advisory Council. The Five Year Programme (1968-1972) identifies two major phases of development; in phase one, 1968-69, priority was given to the establishment of clinics, the training of personnel, and evaluation. The Programme's overall goal is a reduction of the birth rate to 19 per thousand by 1977, and to 15.5 per thousand by 1980.

In 1970, the Government made the decision to create a Maternal and Child Health and Family Planning Programme, all the integrated activities to be under the medical direction of the Ministry of Health.

Address

The Population Council of Trinidad & Tobago,
7 St. Vincent Street,
Port of Spain,
Trinidad, West Indies.

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Officials

Chairman: Dr. M Awon

Services

Eight government family planning clinics were established in 1968, the first full year of the National Family Planning Programme. The number grew to 28 in 1970 and to 55 in 1973. The clinics are conducted by nursing officers in full-time government service, assisted by sessional nurses provided through the National Family Planning Programme.

The national programme is responsible for about 50% of the total client load for, even though the FPA has only 7 clinics, family planning services are only available at certain hours from the government centres.

Information and Education

The Government's programme in this field is directed by a Health Educator and has used the services of a Health Education Consultant. There is close cooperation with the Information and Education division of the private Family Planning Association.

The programme emphasises community education and motivation, through post-partum and post-abortal education programmes in hospitals, family planning clinics and maternal and child health clinics. Industrial workers are approached through letters and family planning literature. The Programme has its own film unit and organizes shows for different audiences in clinics, schools, and in other community localities. Other activities include radio and television spots and discussions, press releases, the production of visual aids, and the promotion of Family Planning Week.

Family Life Education

A Technical Sub-Committee for Family Life Education was set up in 1969 to advise on a family life education programme for Trinidad and Tobago. Separate work groups considered the aspects of health and reproduction, marriage and family living, the relationship of the family to society, and the emotional aspects of adolescence. Guidelines were issued for consideration in the development of a programme and the Department of Education is revising its curriculum plans to introduce classes on family life education into schools. Family Life Education conferences have been held.

Training

Training in conjunction with the Association is provided both in Trinidad and overseas. The Government was responsible for the training of 100 youth leaders in 1973.

Research and Evaluation

A total programme evaluation was carried out at the end of 1970 covering administration, services and training, community education and publicity, and research and evaluation. Activities in this sector have also included KAP surveys, the follow-up of drop-outs, and evaluation of the post-partum and post-abortal education programmes, and abortion study, and a pilot experimental project on the use of non-professional staff in field education and motivation work.

Catholic Marriage Advisory Council

The Council is represented on the Population Council and receives government financial support for its collaboration in the National Family Planning Programme. The Council's mainly voluntary staff provide general advisory services on marriage and the family, as well as advice on the rhythm method.

ASSISTANCE

IPPF gives financial and commodity grants annually to the Family Planning Association

In 1971 the World Bank approved a loan of three million dollars to the Government of Trinidad and Tobago to assist the Maternal and Child Health and Family Planning Programme. The project includes the construction of a new maternity hospital, seven new health centres and a new family planning clinic, as well as the provision of expanded training facilities for nurses and other family planning workers.

The Panamerican Health Organisation, SIDA, the Overseas Development Administration of the U.K., the Ford Foundation, and the Population Council of New York, have contributed assistance in the form of advisory and consultancy services, supplies and equipment, and support for training both in the country and abroad.

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